Maternal and Child Health Services
Title V Block Grant

State Narrative for Palau

Application for 2011
Annual Report for 2009

Document Generation Date: Saturday, September 18, 2010

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I. General Requirements

A. Letter of Transmittal

The Letter of Transmittal is to be provided as an attachment to this section.
An attachment is included in this section.

B. Face Sheet

The Face Sheet (Form SF424) is submitted when it is submitted electronically in HRSA EHB. No hard copy is sent.

C. Assurances and Certifications

Signed assurances will be mailed in along with a letter of transmittal.

D. Table of Contents

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published March 2009; expires March 31, 2012.

E. Public Input

A. Public Input

The public input process is a continuous process which allows us to analyze data, present them to the various communities of Palau and based on their input, we organize services to meet the community needs. The 2010 needs assessment began at the end of 2009. A model presentation called "Community Engagement" was developed, reviewed and approved by the collaborative members and presented. This presentation encompasses life cycle issues that are present in Palau (infants, children, children with special health care needs, pregnant women, men and women of reproductive age). Along with this presentation, are other short presentation on bullying focusing on different audience that teaches bullying prevention. An evaluation component of this presentation has also enabled us to improve its content so that it is more relevant to Palau communities. Notifications to communities are through the offices of governors, CHC Councils, PTA's, schools and through public radios. Traditional means of community meetings notification systems are not used. The reasons being, this system is quite stratified and usually the "havenots" become the group whose opinions are not voiced.

From the community presentations, we capture comments and recommendations relating to services improvements. One of the main focus that has been identified from various communities of Palau relate to parenting skills, issues, and practices. This engagement with our various communities has provided improved our ability to capture, analyze and report health status information back to the public has greatly improved our relationship with various communities and stakeholders. The following format of the "Community Engagement" is similarly used in all communities that are visited. However, due to our ability that has been built in the past, we are able to feature "community-specific" information in our presentation.

Several forums were used in meeting the "public input" requirement for the MCH Title V Program. These forums are the Youth Conference which was held in March 2010. The Youth Conference also generated list of priorities that was communicated with FHU/MCH Title V Program. The Reproductive Health Workshop in May 2010 is also where assessment of services and SWOT Analysis was generated. From this SWOT, priorities and strategies were identified. In these two forums, decisions were made through discussion and consensual decision making process. For

our population, we have found that this decision making process, although at times more lengthy, is the best way that stakeholders can continue to commit and strengthen working relationships.

In mid-2009, FHU, through funding from ECCS also conducted a national assessment on early literacy and learning. Assessment of the data indicated that there may be regulatory and legislative strategies that FHU/MCH Title V Program will need to spear-head to address safety of children in the various communities of the urban area of Koror. The Pacific Islands Health Officers Association (PIHOA) through their declaration of a state of emergency on Obesity for all of the U.S. Associated Pacific Islands also puts FHU/MCH Title V Program on notice to assure that Obesity related activities remain on our agenda for the next 5 years. At the end of 2009, FHU/MCH Title V Program, through the End-of-the-Year Meeting and Workshop also identified areas of needs that were in line with input from the larger community. However, their identified strategies were mainly in upgrading systems, skills and knowledge of staff so they can be more effective in the delivery of services and effective in improving the health status of Palau people.

These inputs from the communities largely drive our National and State Performance Measures including the design of strategies and activities to be undertaken in the up-coming years. We decided to use this method of capturing public input rather than a "public hearing" format, as in no one single person shows up, even though it is announced through newspapers and radio and television.

II. Needs Assessment

In application year 2011, the 2010 Needs Assessment will be attached to this Section II.

An attachment is included in this section.

C. Needs Assessment Summary

The needs assessment for this year followed similar process of needs assessment followed from the past two years. Throughout the year, in our community engagement process, we enrolled community discussion on identified needs of the MCH population. From these discussions, the FHU aligns itself to address identified community needs. The needs assessment process also follows the community engagement process in that needs are reflective of the MCH age group. Problems identified by the public in various forums such as community engagements, key stakeholders meetings and staff meetings identify the following areas:

• obesity/nutrition/physical activity for all age groups,
• psychosocial issues in pre adolescent years,
• Issues relating to reproductive health and their effects on quality of life
• Improving & expanding wellness services through staff development in areas of couseling and case management
• Reducing substance use in the general MCH population
Improving pregnancy health and birth outcome
Better identification and case management for children who become victims of abuse and neglect.

To sum up, needs assessment activities in this fiscal year has improved with an added staff in statistics. Throughout the year,we have worked to organize data for this application and at the same time this has enabled our presence in the community to be more evidence and best practice based. One other area of need that we still need to establish in FHU MCH Program is the research activity that will enable us to understand the health of pregnant women and their influence of the health of their infant. This is a project that will undertake in the coming years. Excerpts from the "Health Status Report" was developed and used as part of the community engagement. From these engagements, perceptions from the communities are collected and translated into the Title V strategies and activities. The improvement in our ability to capture, analyze, report health status information back to the communities and engaging the communities in discussions and decisions on how to help them address their issue, has greatly improved our relationship with various communities and stakeholders. These 7 priority areas will be our strategic directions for the next 5 years. They are also in-line with the MOH, Bureau of Public Health Strategic Direction, 2009 - 2014.

III. State Overview

A. Overview

Overview

Health services in the Republic of Palau continue to be heavily subsidized by the Government. However, a great proportion of this budget goes into funding of secondary and tertiary medical services. Almost all funding that goes into supporting Title V-MCH basic services are derived from U.S. Federal and other bi-lateral and multi-lateral sources. Below is Budgetary Distribution by Level of Care

Health Budget as a Percentage of Total National Budget 11.2%
Per Capita Expenditure on Health) $372
% of household earning less than $2,750 per anum (Poverty)* 15%
% of household earning less than $5,500 per anum (Economically Vulnerable)* 10%
MOH Expenditure on:**
Medical Referral (N-143) = $6,768
Hospital Admissions (N=3,190) = $1,630
Primary, Preventive & Promotive Services (N=100,000) = $11

Available services by Level of care:

Under the most recent organizational structure of the Ministry of Health, Bureau of Public Health, the Maternal and Child Health Programs is under the direct management of the Chief of the Division of Primary Health Care. This division has two Administrators, Administrator of Preventive Services and Administrator of Primary Health Care Services. MCH is in a unique position in that in relation to administrative matters, the program receives its directives from the Administrator of Preventive Services and on more programmatic and service delivery wise, it is directed under the Administrator of Primary Health Care Services.

Based on this organizational chart, MCH Program provides direct services such as services for Children with Special Health Care Needs and high risk prenatal mothers, population services such as Prenatal and Postnatal care, Childhood Immunization Program, FamilyPlanning, Gynecological and Cancer Screening Services, Well-child services and school health screening & intervention are also part of the Unit's services. In relation to other necessary services to improve health care for mothers and children, MCH collaborates with other divisions within the Bureau of Public Health and the Bureau of Clinical Services to provide these services. These services include mental health, dental services, promotive health services such as communicable disease prevention, nutrition education and general health education services. It also collaborates with the Bureau of Clinical Services in relation to hospital-based services such as delivery, pediatric services, and specialty and tertiary medical services. MCH Also collaborates with Head Start Program and the Ministry of Education in the provision of children's promotive health services.

Health Resources and Distribution by Level of Care:

The Ministry of Health receives its revenue from annual congressional appropriations from the Olbiil Era Kelulau. In accordance with traditional usage of health budget, population based services such as those provided by the Bureau of Public Health receives the least amount of revenue. At least three fourths (3/4) of the Bureau's budget for implementation of preventive and primary health care programs and services come from external sources through US Federal Grants, WHO funding and other multi and bi-lateral sources. As evident in the above analogy, local revenue that supports health care have their most concentration on hospital and tertiary medical services. MCH direct services, being part of the Division of Primary Health Care under the Bureau of Public Health competes for local resources that funds primary health care. Looking

at the above chart, it is the $.9 million dollars that supports close to 100,000 encounters each year.

Available Primary and Preventive Services in the Family Health Unit (Title V-MCH Program) - All service sites.

Preventive/Promotive Activities
Childhood Immunization
Prenatal Services
Birthing/Parenting Activities
Postpartum Services
Women's Health Services
Male Health Services
Family Planning
Well-baby Services
CHSCN Services
Home Health & Geriatric Serv.
Behavioral Health Services
School Health Services including annual health screening and intervention

Available specialties and sub-specialties in Family Health Unit:

Physicians (Pediatrician/ObGyn)
Interns/Residents (General Practice)
Nurse Practitioners (Women's Health)
Nurses
Social Workers
Health Educators
Nutritionists
Counselors
Lab Technicians
X-Ray Technicians
Clerks
Psychiatry (referral basis)

Hospital Based Services =
Delivery
Neonatal Services
Universal Newborn Hearing
Genetic/Metabolic Screening
Pediatric Services - hospital based
Audiology/ENT Services
Specialty Clinics
Emergency Medical Services
Urgent Care Services
Infrastructure and Capacity Building
Medical Records
Data Management
Financing/Finance Management

Tertiary Medical Care
Medical Referral
Intensive Care services for pediatric, Adolescents and women
Tripler Army Med. Center

Philippine Hospitals

The Family Health Unit/MCH Program has improved its services to its population by strengthening the following programs:

The Universal Newborn Hearing Screening program recognizing that ear infections (otitis media) and hearing loss are significant health problems, a universal newborn hearing test has been implemented and begun screening newborns prior to discharge for hearing problems. Recognizing that hearing problems can hinder a child's development, learning and social skills this program has been expanded and integrated into the school health program. Interventions are provided through referral to specialized services in the Hospital, Behavioral Health Department and through home visitation. We have also revised our well-baby services requirements to screen annually from age 3 years old until school entry.

We are screening for prenatal and post natal depression. Treatment and intervention are also provided onsite or through referral. In recent "Schizophrenia" studies of the Palauan population, Palauans are 2 to 3 times more at risk for this mental health problem than the rest of the world population.

The FHU/MCH Program is partnering with HIV/AIDS and Breast and Cervical Cancer Screening Program on the formulation of a male health program. This program is in its early stages of providing services and will be integrated with on-going health program for the MCH population.

There is an initiative to integrate important cultural values in our school readiness program for early childhood. This is a much larger initiative that has been undertaken by an interagency collaborative group. In recent discussion, the adolescent and early childhood collaborative would like to merge and create a larger group that will play an advisory role for the MCH program. This program as it grows and matures, will invite more community participation in its effort to respond to community needs.

Under the Adolescent Health Collaborative, we have partnered with all the schools in the republic, both public and private to work on ways that health and physical activity classes can be merged in terms of delivery. This has been going on for the last five years and classroom teachers are beginning to integrate lesson planning processes whereby both curriculum and physical activity are integrated into daily lesson plans.

B. Agency Capacity

Agency Capacity:

The Interagency Project within the Family Health Unit coordinated the completion of the MCH Needs Assessment and 5-Year Strategic Plan (2010-2015). In the last 5 years, the main activities of the Interagency Office was to ensure that Palau MCH Program implement infrastructural systems that will enable the program to attain an ability to improve services to children with special health care needs through interagency collaboration and resource sharing. Although the issue of data sharing was also a part of this collaborative process we were more concerned with improving actual service delivery. At this point in time, it is becoming more important that additional infrastructures are put in place to see how have these past systems have impacted on the lives of the MCH population. The Family Health Unit through the Interagency Project will be charged in implementing these systems to assist the program in being able to obtain the health indicators that will enable Family Health Unit to strategize and direct its health funding to improve to reporting of the Title V Core and Negotiated Performance and Outcome Measures. Through past efforts to improve data gathering and analysis and reports, the Title V/MCH Program (Family Health Unit) has improved its position in profiling health and risk factors not only the MCH population, but the total population of Palau. The Palau MCH/Title V

Program, through the Interagency Project, takes lead in organizing community discussions, planning and strategic development that influences the direction of Family Health Unit. In the past 10 years, it has been instrumental in developing tools (detailed under section: Publications) for data gathering that are now routinely used to meet the needs of the MCH population and the strategic direction of the program

Impact:

The impact of changes that has been implemented in the FHU/MCH Program has been dramatic. These changes have been based on evidence generated through mechanisms implemented in the past years. We have been able to expand children and adolescent health services in the community and implemented school-based programs that include health screening, on and off-site intervention, referrals and follow-up. These changes mean that in Palau, children are monitored through well-baby services from birth to 5 years old and when they enter school, the monitoring occurs for every child, every two years until they exit the school system. With the mandatory education law, Palau's school enroll indicate that 98% of all children between the ages of 6 and 18 are enrolled in school. Our school health screening assesses 70% of all children enrolled in all schools (both public and private) of Palau every year. All these improvement are in response to evidences revealed in program monitoring and evaluation that are now integral part of our program implementation. Because of program reviews, indication has led us to divert our resources to create a hospital-to-home care for post-partum mother. These services include reviewing neonatal screening and their results, breastfeeding coaching and instructions, infant care and sleeping practices (following AAP recommendations) to prevent infant mortality relating to Sudden Infant Death Syndrome (SIDS). In these home visits, at 4 months, the social worker and a nutritionist make mandatory visits to homes of post-partum mothers to assess depression related behavioral/mental health problem including eating and nutritional practices. These are Palau's MCH/Title V initiative to reduce maternal BMI and screening and treatment for post-partum depression.

Resources and Capabilities

Over the years, through resources from other than MCH Title V Program, Palau has built the capacity of Family Health Unit to meet the health needs of MCH population. These development include improvement of infrastructure and capacity within the Program to address the changing needs of the population. Through initiatives mandated of the Palau Interagency Project, systems of care were developed and implemented within the MCH Program to be more responsive to the needs of CSHCN. This agency collaborative and services coordination between MCH CSHCN Clinic and its partners to address needs of CHSCN and their families has become the "way of doing things" for Family Health Unit. CHSCN Objectives and Activities are monitored through the regular monthly meetings of the Interagency Team. The various sub-committees also meet on a monthly basis to assess their progress on objectives and activities that pertain to them. The CHSCN Clinic is now working as an integral part of services that are provided by the MCH clinic. The members of collaborative team represent agencies that work with children special health care needs and their families. It is no longer a "special clinic" but a regular clinic that is on permanent schedule and routinely conducted every two weeks.
Staff development activities are part of MCH Program capacity building efforts to assure that staff, community partners, and parents take part in. The Palau MCH Program, have implemented newborn screening services at the Belau National Hospital in the last two years. These services are hearing and genetic/metabolic screening. The nurses in the newborn unit were trained to collect blood spots and the laboratory packages the cards and send them to the University of the Philippines newborn screening lab. Due to that lab's capability, Palau only screens for 5 metabolic disorders at this time. Within the two years of the screening, 1 false positive for CAH was identified but later ruled out to be negative, and 1 positive for G6PD. This child is now under clinical management with professional support from the UP Lab and a pediatric consultant from St. Lukes Hospital, Philippines. Also, within the first 2 years of our newborn hearing screening,

an infant with congenital hearing loss was identified and referred to early intervention program. This program is implemented by Palau's Special Education program. Our nurses, doctors, social workers work with parents and service providers at Special Education to assure that care for the child and parents are as comprehensive as possible.

Other services that has been implemented are relating to school enrolled children in general. Knowing that over 90% of Palau's children will be enrolled in school from year to year, the School Health Screening and Intervention Program was implemented to combat early on-set of health problems in children. Some of the leading pediatric risk factors are identified in the Needs Assessment Section. We also expanded our services for pregnant women, in mental and behavioral health component. From these screening, we find around 3-5% of pregnant women who will need some form of intervention from year to year.

Funding History

The Family Health Unit/MCH Title V Program receives majority of its funding from HRSA. Because of our government's inability to fund indicated improvement from year to year, other funding streams from HRSA and other external agencies are used to initiate improvement directed at MCH Program. Through these changes in the program we are now able to develop more evidence-based program strategies and activities that are effective in addressing needs of the Palau MCH population. Government of Palau's funds are usually used to pay staff salaries, fringe benefits and other costs related to direct patient care. It is also used to fund secondary and tertiary care rather than public health related services. Palau FHU/MCH Program has traditionally been funded through bi-lateral and multi-lateral funding sources. Some examples of these funding sources are UNFPA, UNICEF, Title V MCH Program, and from time to time, direct in-kind assistance from other sources such as Japan, Korea, Taiwan and other countries. Palau is considered developing island nation with limited financial resources and therefore at this stage of its development, relies mainly on these funding sources for preventive, promotional and primary health care.

FHU/MCH Program as an Evidence-based Program:

In mid-2002 we implemented the survey in the central FHU clinic for post-natal mom at 6 months after delivery. This time line was chosen also to look at breastfeeding compliance of mothers at 6 months. We have worked in the past with the University of Hawaii, John Burns School of Medicine, Epidemiology Department on the data analysis. We also worked with the University of Washington, where a student from the program worked with us to analyze our data on P-PRASS (Palau PRAMS-like Survey) and make recommendations on improving the questionnaire. We had an epidemiologist on board but after a year, a more lucrative post opened up in Malaysia and he had to take that post.

By 2009, the Interagency Project, as a system/infrastructure building project for Palau FHU/MCH Program, was involved in implementing various components of the Republic of Palau, MCH Program, from health education to policy development. Additionally, the Interagency Project works with the Division of Primary Healthcare to assure that the CHC grants meet reporting mandates for the MCH population. Most recently, the Interagency Project was a key player in the Disability Policy Development Initiative. It is a collaborative project between the Ministries of Health, Education, Community & Cultural Affairs, State, Justice, Resources & Development, Industry and Tourism, and Judiciary. The project was a lead agency in the organization and agenda development for the workshop that was held in Palau. The purpose of this workshop was to develop internal capacity and to prepare Palau to become a signator to the International Convention on the Rights of Persons with Disabilities (ICRPD). It was supported by United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), Pacific Islands

Forum Secretariat (PIFS) and the Pacific Disabilities Forum (PDF). Because of Palau Interagency Project's long track record of work with children with disabilities/special health care needs and their parents, it was identified as the focal point for convening this working group to enable national discussion on issues with disabilities/social justice.
With the current pattern of staff migration, staffing for the FHU/MCH program has seen a change in management and staff in the latter half of 2009. Ms. Berry Moon Watson former Administrator of the Unit has transitioned out and moved into the Research and Publication arm of the Unit at the end of 2009 and Ms. Sherilyn Madraisau (former Adolescent Health Coordinator) assumed the role of Administrator for the program in January 2010. Due to staff movement and expanding role of the Unit, we began the process of filling much needed positions to address the expansion and needs of the growing unit. There are three full time Administrative Specialists (one of whom is stationed at the School Health Office), two Newborn Screening Technicians, a Male Health Coordinator, a Reproductive Health Coordinator, an Adolescent Health Coordinator (to assume the position that was vacated by Ms. Madraisau), a School Health Counselor, two IT (Information Technology) personnel to help with the expanding database and two part-time parent advocates for Children with Special Health Care Needs. A New Born Screening Coordinator is being recruited to help with the coordination and screening needs of the Newborn Screening program. With the expanding personnel we envision that the unit will be better equipped in providing health care providers and national leaders with current and accurate information that is pertinent to the management and future care of the MCH population.

In July 2009, a Presidential Executive Order established a committee to create a Healthy Lifestyle Curricula for elementary and high schools students that will teach them to incorporate good eating habits, appropriate nutrition, and safe physical activity in their daily lives. This order was to establish a model curriculum for schools and incorporate this model curriculum for the next five years. As of today, this model curriculum has yet to be published and incorporated into the school system, however work to establish such model is ongoing and forecasted for the next school year. Family Health Unit/MCH Title V Program has been appointed as one of the 6 members of this national committee to develop the curriculum.

Over the years, the Family Health Unit has built a reputation as being data driven and evidence based which has become a good public health model. The Unit has become an information powerhouse for the direction of the maternal and child health in the Republic of Palau. The Unit is in a position to look into more data driven strategies and inform national leadership of the status of health of men and women of reproductive health age and the future of the children of Palau. It has also attracted local doctoral candidates to use such data in research on the Maternal and Child Health Population and quite possibly publish these findings. It has now achieved the ability to do research on data that has been gathered throughout the years and extend its capacity to those that are indicative in the findings of such data. Our strategic direction for the next five years includes the expansion of the unit into the research and publication arm of not only the Unit but of the Ministry of Health. We are also in a position to offer training and workshops relating to the care and management of men, women and children. We are also in a position to provide better service coverage with our collaborative partners through innovative and intuitive funding streams and donations from local entities that have a vested interest in the health and future of the FHU/MCH programs.

Evaluative Measures

Outcome Evaluation: The past several years, the Palau SSDI/Interagency Project has worked with FHU/MCH Program to implement the programs capability to monitor and evaluate itself. Through implementation of SLAITS-like, PRAMS-like, YRBS-like surveillance systems and surveys, the FHU/MCH Program now has on-going systems to monitor and evaluate the effectiveness of its services, health status of its population…it is now in a position to fully implement the public health planning model from planning, intervention, monitor, evaluation and back to the planning. The various monitoring and evaluation designs are based on instruments and tools that are used in U.S. nation-wide. We in Palau made slight adaptations to these tools

and used them. These changes were necessary to assure that we address issues that reflect our culture and nation, however, we stayed in the boundary of instrument/tools science-based integrity. Data generated from these tools are also used in meeting data reporting requirements for MCH and other HRSA funded projects. We also use these information to create reports that are now used to educate our population and to meet national, regional, international reporting requirements.
Process Evaluation: Another monitoring document is the monthly agency report consolidation reports produced each month by all member agencies. Agencies use these report to assess their progress toward meeting the individual need of each child and family. Through these reports, agencies are able to identify service needs for each child and take action based on the reports. The Interagency Data System to be developed by the end of fiscal year 2001 can be used as a monitoring instrument on the progress of activities for each child. It will be improved to the point whereby clinic, home visit and related agency services provided information can be made available to service providers. When this capability becomes available, we will be able to track children better as to assure that each child receive the maximum services that the Republic of Palau has to offer.
Other monitoring methods that are built-in to the objectives are the regularly scheduled chart audit for children with special needs and any service recipient of MCH services. These audits are performed on a random basis and assesses the following service criteria: completion of client assessment, intervention plan development, follow-up care, and inclusion of other services components.

The FHU/Palau MCH Program has in the last two years, initiated a two-day community forum each year. The Program uses this forum to garner public input into its services, intervention strategies and activities, use of funds and other concerns that may have impacts on the effectiveness of the Program in addressing the MCH population needs. It is also a forum where the health status of the nation's population is communicated to the public and the nation's leadership. The forum is also used to meet the MCH Title V public input requirement.

Palau SSDI Program continues to work with the Ministries of Education and Justice to improve their skills data collection and interpretation on under-age arrests and drop-outs so that the information can be used to improve services for children and young adults. All other referenced social programs listed under HSCI 9 (A), are services that are not available in Palau and therefore, when we report on this measure, we do not report on them. It becomes part of our narrative where we discuss other "state related" services that are available in Palau for this population.

Products and Publication:

The FHU/MCH Title V Program in Palau has, over the years, developed the following tools, reports, presentations:

- PRAMS-like Survey and Data Analysis (Since 2003, 2009 Report)
- Child Health Screening Data Analysis (School Year 2006 - 2009 Annual Report)
- Prel and Post-natal Psychosocial Assessment Tool and Follow-up Tracking System, 2007
- Healthy Palau Report (since 2006 - 2009 Annual Health Status Reports)
- Early Childhood Household Surveillance Report/Presentation (2009)
- FHU Service Guide ("Getting To Know Us"), 2009

- "The Future of Palau": Snap Shot of School Health Screening Program (Presented at the Reproductive Health Conference, Sponsored by UNFPA and UNICEF -- April 2010), prepared by FHU and presented by Joanne Richardson, MD, MPH, FAAP, FIDSA, Col (S) USAF MC FS

- Children with Special Health Care Needs (CSHCN) Handbook ("Empowering Families in Palau to Navigate Services for their Children with Special Health Care Needs"), 2009

- Newborn Screening Program -- Parent Information Brochure, 2008

- SLAITS-Like Survey and Data Analysis (Annual Reports)

- MOH Breastfeeding Policy

- FHU Clinics Policies and Procedure Manual

- Life Cycle Medical Home Services Grid

C. Organizational Structure

The Ministry of Health (MOH) is one of eight Ministries which form the Cabinet of President of the Republic of Palau. Each Ministry is headed by a Minister, who is appointed by the President, with the advice and consent of the Senate, and serves at his/her pleasure. There are two Bureaus under the Ministry of Health, which are the Bureau of Hospital & Clinical Services (BH&CS) and the Bureau of Public Health (BPH). The Bureau of Public Health is further sub-divided into four divisions: Environmental Health, Oral Health, Behavioral Health, and Primary & Preventive Health Services.

The BPH Director is responsible for oversight and supervision of the work of the Bureau and sets the direction, policies and regulations. She/he is supported by the Chiefs of each Division who report directly to the BPH Director and make recommendations for programmatic/policy restructuring and change as they administer the services under their respective Divisions. The Directors of both Bureaus serve under the Minister of Health with the advice and consent of the Senate. Directors, Bureau Chiefs, Program Administrators & Managers have regularly scheduled meetings to report and streamline services to reduce duplication and conserve & share scarce resources. Although the rewards of integration are being realized intermittently, there is still room for further improvement.

The Title V MCH Program is administered by the Family Health Unit (FHU) which is one of four service units within the Division of Primary and Preventive Health under the Bureau of Public Health. FHU is headed by an Administrator who directs the programs of the Unit. The Unit's Vision is "Palau families are healthy and leading quality lives, allowing them to be productive members in their families, their communities and their nation" with a Mission "To improve the health of families through provision of quality and comprehensive public health services including medical intervention."

The Bureau of Public Health is making a move away from the Medical Model and its disease-oriented focus. Venturing towards an Integrated Environmental Approach (IEA), BPH is shifting its focus to other relevant, non-health factors to further the cause of preventive health and improve the health of the population. Under a recently created Office of Public Health Planning & Development, the Social Health Program provides services such as counseling to at-risk populations and, should the need arise, provide assistance to families with specific needs. This approach takes a look at the individual as a whole, taking into account the varied factors that impose on his/her life such as the living environment, personal relationships, employment, and many others. Unfortunately, due to funding, and other, restrictions, social services are not as

robust as they are elsewhere in the world.

Through mutual, cooperative efforts with other health and non-health agency programs, the Family Health Unit has an extensive community engagement network. Due to the cross-cutting, interrelated nature of FHU's Programs such as Early Childhood Comprehensive Systems (ECCS), Adolescent & School Health, Children with Special Health Care Needs (CSHCN) among others, the Unit works with stakeholders both at community and policy levels. Because services provided by the Title V MCH Program range from direct to infrastructure building, on-going collaborations with the Bureau of Clinical & Hospital Services has improved service delivery, although there continue to be barriers to access including time, cost, finances, and lack of capacity among others.
The inclusion of a statistician has greatly improved data collection, interpretation and reporting. FHU program is becoming more evidence-based, with targeted interventions aimed at high-risk populations, e.g. schools and outreach to dispensaries. Two recent additions to the FHU family are the Reproductive and Male Health Coordinators. They are tasked with improving health indicators amongst reproductive aged groups by providing services which include awareness education, counseling and improving service delivery to targeted populations among other things. It is the position of FHU to continue to better its data collection, evidence and dissemination so as to increase political awareness and support at both community and policy levels. Refer to the attached organizational structure for reference.

D. Other MCH Capacity

The Ministry of Health receives its revenue from annual congressional appropriations from the Olbiil Era Kelulau. In accordance with traditional usage of health budget, population based services such as those provided by the Bureau of Public Health receive the least amount of revenue. At least three fourths (3/4) of the Bureau's budget for implementation of preventive and primary health care programs and services come from external sources through US Federal Grants, WHO funding and other multi and bi-lateral sources. As such, local revenue that supports health care has its' most concentration on hospital and tertiary medical services. MCH direct services, being part of the Division of Primary Health Care under the Bureau of Public Health competes for local resources that funds primary health care that supports close to 100,000 encounters each year.
The Palau Family Health Unit has the ability to work with other external agencies, NGO's to broaden the coverage of the MCH program, in such it has worked with the Ministry of Community and Cultural Affairs in developing a National Policy on Youth and have also begun discussion on a national disability framework, in which these documents contain many issues that require the Family Health Unit to work in partnership with inter-government agencies and NGO's for its success and implementation. The Unit has also developed a Memorandum of Agreement with seventeen (17) agencies outside the Ministry to create the very first of its kind in Palau an Adolescent Health Collaborative. The Unit has also developed a Policies and Procedures for the Unit. The Unit has taken the lead in implementing both Newborn Hearing and Genetic Screening Programs and has been providing these services for the past two years. The Unit has organized and conducted training on hearing screening and intervention with our other neighbors in the Federated States of Micronesia (FSM) and the Republic of the Marshall Islands (RMI). We also conduct an annual training of teachers in the area of Health and Physical Education as a strategy for improving the BMI status of Palau children. We have presented papers in regional conferences on the status of obesity and health risk factors in children. Two papers have been submitted for editorial review for publication. One is on health status of pregnant women in Palau (from Palau Prams-like survey) and the other paper is on schizophrenia and adopted children. The second paper is a collaborative project between key FHU staff and the Palau Youth Project. Because Otitis Media related hearing problems is very high in Palau, it is in the planning stages to do an in-depth study on it for the region.
A Memorandum of Agreement with seventeen (17) agencies outside the Ministry to create the very first of its kind in Palau an Adolescent Health Collaborative has been active and going strong

for the past five years. From this agreement, Palau High School (the country's only public high school) has agreed to provide space to house the Adolescent Health Program along with the Division of Behavioral Health. From this central location, the program offers its services to all other schools within the Republic. This program is supervised by the Chief of the Division of Behavioral Health and works to address the individual needs of students/families including group work and counseling services. School health programs have been expanded with the launch of the annual Health and Psycho-Social screening for all children preschool through-high school. This program includes traditional physical, dental, and vision screening and has been expanded to also include screening for hearing impairment, mental health related problems and health behavioral risk factors. This collaborative works to implement within each respective school initiatives that are tailored for the students and their environments in response to results that are coming out of their school health screening data.

Coming out of the school-based health screening initiatives - major issues continue to be substance abuse, mainly tobacco and depression. This is a concern as the Palauan population is high risk for schizophrenia. Main issues in physical health relates to higher percentage of children in the overweight/obese stage. For this particular issue, we have initiatives with the schools. These initiatives are Health/PE collaboration whereby classroom teachers in both classes are being assisted to integrate both topics in their classroom instruction. The other initiative is the classroom BMI initiative. Under this initiative, all classrooms of Palau (both private and public) will have scales, BMI charts and BMI tables. Teachers in classrooms will be assisted to be able to weigh children, convert weights/heights into BMI and finding and translating the BMI into the charts and tables. The teachers work with each child in the classroom to understand this process. Another initiative in the screening is the urine test for protein, glucose and occult blood and we do this through urine dipstick on-site. We are finding that we have a rate that is much higher than developed nations such as Japan. Through this information, in partnering with the schools we are able to tailor intervention programs more appropriately.

FHU's external partners undoubtedly play a significant role in FHU's success in providing comprehensive services to meet the needs of the MCH population. A major accomplishment that the Unit has achieved is increasing expansion of health initiatives in schools through the annual Health and PE teachers workshop organized and conducted by FHU. Through this Health and PE workshop, schools have begun key initiatives within their schools to address health problems common to students as indicated in their respective school screenings. Since the inception of the annual school health screening, eight schools have developed and implemented initiatives within their respective schools. FHU has been an active supporter in planning and implementing these school initiatives. The following are the school initiatives that are currently ongoing:

1. Peleliu Elementary School- Implemented a water only drinking policy in school. Students and teachers are encouraged to drink water. Students and teachers are prohibited from bringing sodas and other drinks to school. The purpose of this policy is to heighten awareness for students on the importance of drinking water. This policy was implemented after the annual school screening showed that a significant number of students at Peleliu elementary had high levels of protein, glucose, and occult blood in their urine sample.
2. Ngarchelong Elementary and Community Project on Physical Fitness- Ngarchelong began a pilot project to increase the level of physical activity of their students and families through creation of different sport activities and fitness exercise conducted on a daily basis. The purpose of this initiative is to increase the level of family participation in children's physical health.
3. Melekeok Elementary Initiative- this project aims at increasing level of physical activities for students. Through this initiative, students are encouraged to walk to and school and home. This small community encouraged active walking of students to and from school. Other physical and sporting activities for after schools were created for students and parents.
4. Ngardmau Elementary Initiative- This initiative focuses on suicide prevention through teaching and incorporation of life skills strategies into daily instructions in English class. Activities are designed to promote resiliency factors in children by engaging and encouraging students to take a proactive stand in dealing with conflict issues.
5. Airai Elementary Initiative- This initiative aims at promoting healthy eating habits. The school developed a gardening project whereby students plant vegetables and fruits to be part of the lunch program. Parents are encouraged to help their children in planting of fruits and vegetables.

6. Koror Elementary School BMI Initiative- this initiative aims at addressing the issue of overweight and obesity through careful monitoring of students BMI. Teachers develop a variety of health activities that that are incorporated into core subjects in the schools. In addition, after school physical activities were developed and students were encouraged to partake in these activities. Teachers would monitor children's BMI progress and report to parents during PTA's.
7. Maris Stella Elementary Initiative on Bullying Prevention- School developed and implemented an anti-bullying policy that increases parent participation in bullying prevention in the schools. Parents become partners with the school in addressing bullying. In addition to this, FHU supported the school in creation of age appropriate health education materials on bullying.
8. Belau Modekngei High School Summer Camp Initiative- This initiative targets high school students. It aims at developing and reinforcing positive youth development through incorporation of life skills into culturally relevant activities. Student campers partake in activities that teach craft skills, weaving fishing, gardening, storytelling, dancing, and music.
We have also completed a Mental Health Screening Tool in collaboration with the Division of Behavioral health and have begun implementing this tool in our prenatal and post natal clinics. This tool is used in our prenatal and postnatal clinics to help identify pregnancy and post pregnancy related depression and other health problems that require behavioral health intervention before they become lifelong problems of women in Palau.
Recognizing that ear infections (otitis media) and hearing loss are significant health problems, the Unit has implemented a universal newborn hearing test and has integrated hearing screening into the school health program. This program has also been implemented and begun screening newborns prior to discharge for hearing problems. Continuation of this screening up to year two of the child's life is being implemented to assure that Otitis Media related hearing problems do not develop into lifelong problems that will prevent children from entering schools, hinder their learning process and even become a burden to their growth into adulthood. A plan for information development within this program to be integrated with the CSN/High Risk (Medical Home), Hearing Screening and the development of Birth Defect Surveillance System. An agreement with the University of the Philippines Genetic Screening Program to do screening specimens are sent to the University by the Unit in compliance with shipment/cargo (transport of blood (contaminated products) in commercial planes that cross borders of nations) polices. This has been a major accomplishment for the Unit as intermarriages among Filipinos and Palauans is increasing with some neonatal genetic disorders being more prevalent in the Philippines that it has been to our advantage to see this initiative established in Palau.

Recognizing the need for child care services to support working parents and to address various issues surrounding early childhood education, representatives from health, education, churches, and NGOs have established a Palau Early Childhood Care Initiative. The purpose of this initiative is to develop national framework legislation that will regulate childcare and early childhood centers to ensure quality and safety and to provide training in the psycho-social development needs of young children to the people who serve preschool and lower elementary children including school teachers. A model center was established by the Ministry of Health and is currently operating through the Palau Community College. A couple of private centers are known to have been established but there is no requirement for licenses, certification, or supervision of such facilities.
The Tripler Army Medical Center in Hawaii has been an instrumental piece of our newborn hearing program wherein technicians and medical personnel that work with the newborn hearing screening have benefited from the generous training time and opportunities that Tripler has provided for the unit. They have annually, whenever time and budgetary opportunities allow have been able to provide on island services such as on-site training, skills building, screening and testing and minor surgery for patients that have been identified with hearing complications. This collaboration continues to play a significant role in providing valuable hands on experience to our technicians and medical staff that would otherwise be difficult to obtain with our limited budget and on island expertise.

The Palau FHU/MCH Program has invested over many years to develop its capacity. Because of our size and remoteness from the mainland US and countries that offer more opportunities we will

continue to face the lack of qualified personnel that are committed to stay in Palau and build the local professional capacity.

E. State Agency Coordination

Family Health Unit, in partner with the Primary Health Care Program, have made its services available to all primary health care centers in the north and south islands of Palau. These services are available in four super dispensaries of which three are located in the north island of Babeldaob and one located in the south island of Peleliu. The southern dispensary caters to the population in the islands of Angaur, Peleliu and the southwest islands of Hatohobei and Sonsorol. Since the last two mentioned islands are over 300 miles across vast Open Ocean, field trips are conducted four times a year for delivery of necessary health services. A nurse is permanently posted in these islands to provide daily routine primary health care. On the other hand, supplementary services in the northern super dispensaries are provided through weekly visits to the remote villages. These services are additional activities that have been implemented along with the existing primary health care services in these communities.

FHU later expanded agency coordination in adolescent health, early childhood capacity and infrastructure building initiatives. Under these two initiatives, system changes are implemented to improve and expand community-based and individualized services for pregnant women, infants and children. Including in these initiatives is promoted legislations and regulatory measures that will safeguard preventive health and primary health care for children and adolescents during the kindergarten, primary and secondary school years. Through initiatives between the programs of: Community Advocacy Program (CAP); Non-Communicable Disease (NCD); Family Health (FH); and Behavioral Health (BH), community education on substance use and their effects are taking grounds. National and State health status of children compiled from the school health screening program is presented to respective states. There is also a partnership partner with State Incentive Grant to develop community resiliency to substance use and abuse and to ensure availability individualized intervention program for those who desire it.

There has also been a collaboration with all schools of Palau through the Ministry of Education for the school-based health services; school Parent Teacher Associations; Head Start and other non-government agencies that happen almost on a daily basis as part of community engagement. Traditional leaders are also sought for guidance and "etiquette" in working with certain traditional groups in various communities of Palau.

The program on Early Childhood Comprehensive Systems of the Family Health Unit has led a community effort for a passage of bill on early childhood. The bill which was passed on April 2009, (RPPL 8-3), is intended to establish a council that will enable to set up specific requirements for services for children beginning from pregnancy on to 7 years of age. Through community collaboration and coordination, a national surveillance on "readiness for learning" was conducted on all households in Palau.
In parallel with the school health screening program, screening for Head Start entrants also take place annually. Coordination with other preventive health services within the Bureau of Public Health also constantly take place with regards to outreach activities as well as sharing resources such as transportation and personnel. The school-based health screening/referral/intervention is a major activity t that many staff from other areas of the Bureau of Public Health jointly takes part.

The programs on Tobacco Control and Prevention (STUN) and the Bedochel Substance Abuse Treatment and Recovery Center (tobacco cessation programs) are being tapped to establish a school-based cessation service in at least two major high schools in Palau. Students that have been identified to have certain health issues are referred to various agencies in the ministry such as Dental Clinic for dental caries; High Risk Clinic for issues like weight management and hypertension; ENT Clinic for hearing problems; Eye Clinic for eye problems; and School counselor and Behavioral Health for psychosocial issues. In addition, staffs from Family Health coordinate with all schools of Palau to fill-in as added professionals in classroom instructions in

areas of health, mental/social/behavioral health, physical activity, reproductive health and nutrition.

Continuous learning happens among school Physical Education teachers and educators through the Annual Health and PE Teachers Workshop being spearheaded by the Family Health Unit. This aims to uphold knowledge and promotion of the importance of good nutrition and physical education among the school youth who spend most of their time in the school environment and who tend to listen and follow examples shown by their mentors in school.

In the aspect of the health status of infants and children, clinicians are met to discuss issues relating to infant mortality rate. Discussions have identified key factors in clinicians' practice which may have worked to lower and begin the downward trend in infant mortality. In coordination with the Public Health Planning and Development, chart audit on fetal and infant mortality have commenced. Since this activity has just started, possible revisions are being studied be able to eventually gain a comprehensive understanding of the fetal and infant mortality cases in Palau. Data abstraction forms and NFIMR software of the National Fetal and Infant Mortality Review Program are being reviewed.

Implementation of Newborn screening has been included standard operating procedure in the birthing section with the consent of the parent. Included in this test are the hearing and genetic screening. Hearing screening is administered in the hospital. For the genetic screening, blood samples are collected and are sent to the Newborn Screening Center -- National Institute of Health in the Philippines. Results are sent to Palau on a regular basis. Prompt feedback from the external screening center on positive screening results is done to ensure quick steps for confirmation and/or intervention are taken.

A team of ENT specialists from the Tripler Army Medical Center conduct services annually to Palau. These services are able to address the needs for medical expertise especially on the hearing care of clients with hearing deficiency and/or hearing loss not only among infants but also to the population of all ages in the island.

The Center on Disability Studies from the University of Hawaii at Manoa has been taking part in taking care of children with special health care needs. Technical assistance has been requested from this institution to facilitate personnel training on hearing screening and parent training for children with special health care needs. This collaboration will enable special educators and parents to acquire knowledge on issues pertaining to children with health special needs.

The Pacific Islands Forum Secretariat (PIFS), United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) have been invited to Palau, through the Ministry of Community and Cultural Affairs to assist the country in developing/adopting policies/standards and guidelines toward the ratification of the International Convention on the Rights of People with Disabilities (ICRPD). This consultation came about as a result of PIFS ministers' endorsement or ICRPD ratification and a recommendation that PIFS and its partner agencies assist member countries to work on ratifying the convention. (Consultation Purpose, Disability Inclusive Policy Development Consultation, June 14-18, 2010)

On Pregnant Women, conversion to BMI measurements to better understand the weight problems as indicated in the PRAMS-like survey. Continuation of psychosocial screening and intervention is ongoing. High risk pregnant women are attended in the high risk clinic in order to closely monitor their health and intervention may be administered timely. Following through these cases are performed from the beginning of pregnancy at the antenatal visits throughout the post partum clinic visits.

Decentralization of STI and HIV screening and conversion of these screening to dipstick based screening will enable us to better address needs of women of reproductive age group population including male.

The male health program participated in organizing for men's health conference. The conference aims to inform men the new and/or existing health services available; to provide health information; to determine any cultural/social issues of masculinity that might be relevant in engagement of health services and health-seeking behavior; and finally to discover avenues in which men can be more proactive in terms of their health. Coordination was made to the community through the Ngerubesang Men's Club; Various Women's Organizations; Ministry of Education; Palau Visitors Authority; Various Local Businesses and Vendors; and the Rubekul Belau.

FHU has also taken an active role by working with other public health programs to influence changes in the Management Information System so that it can be more responsive to end-user needs; more opt to change with the changing information requirements and more advancement in technology.

Through networking with the University of the Philippines Population Institute, staff training course on basic data analysis using Statistical Package for the Social Sciences (SPSS) was made possible. The course was designed to enhance the knowledge and skills in data analysis of the staff. Emphasis on the interpretation and analysis of computer outputs will become a tool in understanding health issues in Palau.

F. Health Systems Capacity Indicators

Introduction

The Ministry of Health through its local funding support provides certified/licensed medical staff to Family Health Unit clinics. In addition, diagnostic and pharmacy and rehabilitative services are accessed through collaboration with Belau National Hospital. Social and mental health intervention, dental services and other public health related services are provided to FHU clients also through on-going collaboration between different public health programs. Family Health Unit also has on staff, social workers, counselors, and nurse practitioners who provide services not only in the central clinic but also through field visits to the north island via CHC supported health centers, south islands health centers and also through clinics in the schools. In 2009, Palau doubled its asthma hospitalization rate for children less than 5 years old. In addition, URI as a cause for hospitalization for all age groups also increased last year. During this year, access to primary health care was seen as an issue for Palau's population. Our government was in transition and many policies were put in place that we felt largely influenced health care access and utilization. Because of this, many people would access care at emergency and urgent care sites where in most cases, would need hospitalization for management of asthma or URI. This issue is of utmost concern as 80% of our population continue to utilize government support health care systems are their primary provider of services.

Health Systems Capacity Indicator 01: *The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	44.0	14.6	28.9	28.7	64.0
Numerator	6	2	4	4	9
Denominator	1363	1374	1385	1396	1407
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

Notes - 2009
Data collected from Medical Ward discharge diagnosis for 2009. In this reporting we saw this indicator doubled. Other systematic, political and management reasons may have played a big role in this. these reasons played a part in the issue of acces such as cost, quality of care and availability of medicine. We are returning to normal and hope that this change continues.

Notes - 2008
/2009/- Data not available for reporting year 2008. We are prepopulating this data with year 2007 data. We forsee that 2008 data will be available in December 2009.//2010//

Notes - 2007
//2008/ - In 2007 there were 271 admissions for Upper Respiratory Infections in all age groups. 4 children with a discharge diagnosis of Asthma in tthe under 5 age group were admitted to the hospital with discharge diagnosis of Asthma. When compared with 2006, there is an increase in cases, however, we believe that the health system has improved dramatically so that many cases are handled in the Out Patient and Urgent Care to avoid hospital admissions.

Narrative:
The rate of Asthma hospitalization for this age group, has over the years been steady but in the past year, 2009, it doubled. Along with data on hospitalization for Upper Respiratory Infection which also increased dramatically in the last year. As an indicator for access to primary health care, we are especially concerned because it is a strong indication that people, due to access issues such as cost, transportation, quality of care, care givers are not accessing care early for their children.

In 2009, Palau went into a new government, where many changes were occuring. This impacted on the care and access to care for many people. We believe that this was the reason access to primary health care was impacted. It is slowly getting to normal, however, we will continue to monitor it and inform MOH management and the general public as part of our public awareness campaign.

Health Systems Capacity Indicator 02: *The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	0.0				
Numerator	0				
Denominator	317				
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
Distribution of well baby visits by schedules, babies delivered in 2008

Number of deliveries for 2008 = 295 (n)

Visit Schedule	Age at visit	Freq	Percent visited
2 wks	2 - 5 wks	258	87.5

6 wks	6 - 11 wks	286	96.9	
3 mos (12 wks)	12 - 15 wks	229	77.6	
4 mos (16 wks)	16 - 19 wks	151	51.2	
5 mos (20 wks)	20 - 23 wks	82	27.8	
6 mos (24 wks)	24 - 27 wks	115	39.0	
7 mos (28 wks)	28 - 35 wks	172	58.3	
9 mos (36 wks)	36 - 47 wks	213	72.2	
	Average:	63.8		

Data is extracted from the MCH Scheduling and Tracking system. Those appointments that were marked as attended or walk-in were included in the above count of clients. Frequency column is the number of babies who came for at least 1 visit in the visit schedule. Percent visit is computed by dividing the number of clients per schedule by the number of births in 2008

Notes - 2008
/2010/-Although Palau does not participate in the Medicaid Program, Well-baby Services are provided routinely with scheduled childhood immunization. Therefore, there are well-baby clinic at 2 wks after birth, 3 moths, 6 months and 12 months during the first year of life.

These well baby services include but not limited to physical and developmental assessments. Health education with parents on various topics from breastfeeding, childhood nutrition, child development stages are also done during these well-baby services.//2010//

Notes - 2007
//2008/ - Although Palau does not participate in the Medicaid Program, Well-baby Services are provided routinely with scheduled childhood immunization. Therefore, there are well-baby clinic at 2 wks after birth, 3 moths, 6 months and 12 months during the first year of life.

These well baby services include but not limited to physical and developmental assessments. Health education with parents on various topics from breastfeeding, childhood nutrition, child development stages are also done during these well-baby services.

Narrative:
Although Palau does not participate in the Medicaid program no one is refused medical care if they are unable to afford hospital services. Hospital services are offered to every citizen on a sliding fee schedule to ensure that even the most basic of services are affordable and distributed equally among everyone.

Health Systems Capacity Indicator 03: *The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	0.0	0.0			
Numerator	0	0			
Denominator	311	259			
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving					

average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
Please refer to narrative for HSCI #02.

Notes - 2008
/2010/-Although Palau does not participate in the SCHIP Program, Well-baby Services are provided routinely with scheduled childhood immunization. Therefore, there are well-baby clinic at 2 wks after birth, 3 moths, 6 months and 12 months during the first year of life.

These well baby services include but not limited to physical and developmental assessments. Health education with parents on various topics from breastfeeding, childhood nutrition, child development stages are also done during these well-baby services.//2010//

Notes - 2007
//2008/ - Palau does not participate in the SCHIP, however, please refer to HSCI 02 for clarification on well-baby services.

Narrative:
Although Palau does not participate in the SCHIP Program, Well-baby Services are provided routinely with scheduled childhood immunization. Therefore, there are well-baby clinic at 2 wks after birth, 3 moths, 6 months and 12 months during the first year of life. 64% children born are visiting the well baby clinic for services that include but are not limited to physical and developmental assessments. Health education with parents on various topics from breastfeeding, childhood nutrition, child development stages are also done during these well-baby services.

Prenatal and postnatal services are offered in the clinics and mothers are encouraged to bring their babies in for their routine follow-ups and care.

Health Systems Capacity Indicator 04: *The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	30	27.8	22.9	32.5	55.3
Numerator		72	64	53	151
Denominator		259	279	163	273
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2009
There were 120 mothers who began ANC visit on the first trimester of pregancy. Among them, 71 mothers received Adequate and Adequate Plus Care.

Notes - 2008

/2009/ - In 2008, of the 295 live births, 55% (n=163) were born to women receiving prenatal care in the first trimester. The first trimester entry to prenatal care is further qualified using the Kotelchuck Index or the WHO definition for "appropriateness" of prenatal care. Using these two measures, indicate that the performance indicator has been improving since 2006, along with the appropriateness of the care, based on the Kotelchuck Index. This index shows that on 32.5% of the women who entered prenatal care in the first trimester received the appropriate number of care throughout the pregnancy (=10 prenatal visits). Those who received between 7 and 10 prenatal care/visits during pregnancy was 24% while those who received less than 6 visits throughout the pregnancy was 58%. Utilizing the WHO Standard for adequacy of prenatal care, indicates that 83% of women during this time, had 4 or more prenatal care during pregnancy. The WHO appropriateness of prenatal care measurement does not consider the first trimester entry into prenatal care.//2010//

Notes - 2007

//2008/ - Beginning with the 2007 annual report, the Pacific Basin Jurisdictions may have changed to the World Health Organization (WHO) standard rather than the Kotelchuck Index to report indicator data for HSCI04. The WHO standard recommends as essential that pregnant women make four prenatal care visits. Reviewing the initiation and the number of prenatal visits of the 279 mothers who had live births in 2007, 22.9% (n=64) had Kotelchuck Index of equal to or greater than 80%. This represents the Adequate and Adequate Plus Kotelchuck Index which was calculated based on the month prenatal care begins and adequacy of the prenatal care visits. The underlying assumption is that the earlier the initiation, the earlier the identification of health and pregnancy-related problems. On the other hand, the ACOG recommended number of visits ensures determination of the progress of pregnancy. Thus, adequacy of prenatal care is achieved which improves on pregnancy outcomes including reduction of infant mortality. The current Kotelchuck Index of 22.9% of >=80% is low. Of this number, 36% began prenatal services in the first trimester. This is a challenge to the MCH Program to improve on. There are reasons to believe that the situation can be reversed since the fundamentals in delivery of care are in placed. Palau's health system allows it to reach to far areas through a decentralized health care and the spread of the Dispensaries outside the capital of Koror. Intensive community campaigns put high premium on family health including pregnancy. Access to health care is directed by policies within Palau that care should be made available to those who are in need of it. In the next coming year, the hiring of another OB-Gynecologist who is more community-based would improve greatly the care of pregnant women.

Notes: Revisions were made in the computation of expected prenatal visits. On the old computation, expected number of visits per pregnancy was based on the assumption of 40 weeks Age of Gestation (AOG) which is 14 visits, while in the revised computation, expected number of prenatal visits was based on the actual AOG. For example: initiation of Prenatal began in the 23rd week of pregnancy, total number of visits is 4, and AOG is 35 weeks. In the first computation, with the assumption of AOG of 40 weeks, expected number of visits is 9. This results to the percentage of prenatal visit at 44.4% (4/9). In the revised computation, AOG of 35 weeks has an expected number of prenatal visits of 13, and with the initial visit at 23 weeks, there are 5 missed visits. So the expected number of prenatal visits is 8 (13-5). This results to the percentage of prenatal visit at 50% (4/8). Revisions in computation resulted to an increase in the percentage of Intermediate Care from 20.1% to 20.8% and a decrease in the percentage of Inadequate Care from 57% to 56.3%.

Narrative:

There were 120 mothers who began ANC visit on the first trimester of pregancy. Among them, 71 mothers received Adequate and Adequate Plus Care. In year 2009, 59.2% of women had prenatal visits greater of equal to 80 percent of the Kotelchuk Index. This figure is an increase from 32.5% in 2008. This indicator has been improving since 2006. Program continues to work to promote early prenatal care and preconception health for all women of reproductive age group.

Health Systems Capacity Indicator 07A: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	0	0	0	0	0
Numerator					
Denominator					
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes		
Is the Data Provisional or Final?				Final	Final

Notes - 2009
Palau does not participate in the Medicaid Program. Children's preventive services are provided free of charge to all children in Palau.

Notes - 2008
/2010/- Data not available for reporting year 2008. We are prepopulating this data with year 2007 data. We forsee that 2008 data will be available in December 2009 .//2010

Notes - 2007
/2008/ - Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

Medicaid is not available in Palau.//2008//

Narrative:
Palau does not have Medicaid Program.

Health Systems Capacity Indicator 07B: *The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	91.6	91.6	91.6	91.6	91.6
Numerator	480	480	480	480	480
Denominator	524	524	524	524	524
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2009

Palau does not participate in Medicaid program. Dental screening and intervention is integrated into the annual school health screening for school age children.

Notes - 2008
/2010/-Although Palau does not participate in the Medicaid Program, Well-baby Services are provided routinely with scheduled childhood immunization. Therefore, there are well-baby clinic at 2 wks after birth, 3 moths, 6 months and 12 months during the first year of life.

These well baby services include but not limited to physical and developmental assessments. Health education with parents on various topics from breastfeeding, childhood nutrition, child development stages are also done during these well-baby services.//2010//

Notes - 2007
//009/- The percent of EPSDT eligible children Medicaid aged 6 through 9 years who have received any dental services during the year.

Palau does not have Medicaid Program. This indicator cannot be reported. However, there is an annual School Health Screening Program that also includes dental screening, referral and follow-up. In 2007, 1365 children from Headstart, 1st, 3rd, 5th, 7th, 9th, and 11th grades were assessed for dental caries/cavities. 35% of all these children were found to have caries/cavities on at least 1 tooth. All these children were referred to the Division of Dental Health for care.//2009//

Narrative:
Palau does not participate in the Medicaid Program. Children aged 6 through 9 years are provided dental screening as part of the school health screening.

Health Systems Capacity Indicator 08: *The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	53.2				
Numerator	160				
Denominator	301				
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
Rehabilitative services for CSHCN is provided by the Special Education Program. At this time, data is not available to our program for reporting. We will work in the coming years to improve this process. Palau does not participate in the SSI Program.

Notes - 2008
/2010/- Palau does not have State SSI Program. We cannot report on this indicator. However, in 2008 there were a total of 685 children with special health care needs and out of this number, 348 were children with special needs. Under current service system, children with special needs who require rehabilatative services are provided care by the special education program, however, the

Belau National Hospital rehabilatative services unit provide consultation services to special education on a case by case basis//2010//

Notes - 2007
//2008/-Palau does not have State SSI Program. We cannot report on this indicator. However, in 2006 there were a total of 757 children with special health care needs. Under current service system, children with special needs who require rehabilatative services are provided care by the special education program, however, the Belau National Hospital rehabilatative services unit provide consultation services to special education on a case by case basis.

Narrative:
Palau does not participate in SSI Beneficiaries. Under current service system, children with special needs who require rehabilatative services are provided care by the special education program, however, the Belau National Hospital rehabilatative services unit provide consultation services to special education on a case by case basis.

Health Systems Capacity Indicator 05A: *Percent of low birth weight (< 2,500 grams)*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Percent of low birth weight (< 2,500 grams)	2009	payment source from birth certificate	0	11.8	11.8

Notes - 2011
Among the 3 neonatal deaths in 2009, 1 baby weighed 964 grams at birth.

Narrative:
Palau does not participate in Medicaid Program. In 2009, 11.8% of birth were low birth weight wighting less than 2,500 grams. This number is an increase from last year 7.8%. Program is reviewing and assessing low birth weight cases to better understand and monitor this indicator.

Health Systems Capacity Indicator 05B: *Infant deaths per 1,000 live births*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Infant deaths per 1,000 live births	2009	matching data files	0	22	22

Notes - 2011
Among the 6 infant deaths, 3 babies died at 1 day old and the other 3 babies died at 1 month old (31 days), 2.6 months old (79 days) and 3.4 months old (103 days).

Narrative:
There is no proportion of Medicaid recipients among the population in Palau. Through various grants, the well baby clinic is available free of charge. This includes immunization and routine well baby check-up.

Among the 6 infant deaths, 3 babies died at 1 day old and the other 3 babies died at 1 month old (31 days), 2.6 months old (79 days) and 3.4 months old (103 days).

The Pubic Health Planning and Development have commenced fetal and infant mortality chart review. This chart review has to be further studied since the pilot activity have overlooked to collect some pertinent information. Revisions have yet to be discussed to be able to gain a comprehensive understanding of the fetal and infant mortality cases in Palau.

Health Systems Capacity Indicator 05C: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2009	matching data files	0	44	44

Notes - 2011
120 mothers began prenatal care in the first trimester of pregnancy. 39 came for their first ANC at 1-2 months while 81 came for their first ANC at 3-4 months of pregnancy.

Narrative:
There are no Medicaid recipients in Palau. The state has provided prenatal clinics free of charge to the all pregnant women in the island.

There were 120 mothers began prenatal care in the first trimester of pregnancy. 39 came for their first ANC at 1-2 months while 81 came for their first ANC at 3-4 months of pregnancy.

Health Systems Capacity Indicator 05D: *Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])*

INDICATOR #05 ***Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State***	**YEAR**	**DATA SOURCE**	**POPULATION**		
			MEDICAID	**NON-MEDICAID**	**ALL**
Percent of pregnant women with adequate	2009	matching data files	0	59.2	59.2

prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])					

Notes - 2011
There were 120 mothers who began ANC visit on the first trimester of pregancy. Among them, 71 mothers received Adequate and Adequate Plus Care.

There has been an increase in the percentage from 32.5 in 2008 and 59.2 in 2009. This can be accounted from the changing in data sourcing from encounters registry to FHU tracking system wherein the source of raw data are the medical charts of the pregnant women. The FHU tracking system on deliveries and 1st ANC visits is a more effective way of tracking deliveries and other pertinent information such are the number of ANC visits. In this procedure there, we are able to assure validity of data reported for this indicator.

Narrative:
There were 120 mothers who began ANC visit on the first trimester of pregancy. Among them, 71 mothers received Adequate and Adequate Plus Care.

There has been an increase in the percentage from 32.5 in 2008 and 59.2 in 2009. This can be accounted from the changing in data sourcing from encounters registry to FHU tracking system wherein the source of raw data are the medical charts of the pregnant women. The FHU tracking system on deliveries and 1st ANC visits is a more effective way of tracking deliveries and other pertinent information such are the number of ANC visits. In this procedure there, we are able to assure validity of data reported for this indicator.

Health Systems Capacity Indicator 06A: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Infants (0 to 1)*

INDICATOR #06 **The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Infants (0 to 1)		
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Infants (0 to 1)	2009	

Notes - 2011
Palau does not participate in Medicaid Program.

Notes - 2011
Palau does not participate in SCHIP.

Narrative:
Palau does not have Medicaid and SCHIP program.

Health Systems Capacity Indicator 06B: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Medicaid Children*

INDICATOR #06	**YEAR**	**PERCENT OF**

The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.		**POVERTY LEVEL Medicaid**
Medicaid Children (Age range to) (Age range to) (Age range to)		
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Medicaid Children (Age range to) (Age range to) (Age range to)		

Notes - 2011
Palau does not participate in Medicaid Program.

Notes - 2011
Palau does not participate in SCHIP.

Narrative:
Palau does not participate in Medicaid and SCHIP program.

Health Systems Capacity Indicator 06C: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Pregnant Women*

INDICATOR #06 **The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL Medicaid**
Pregnant Women		
INDICATOR #06 **The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.**	**YEAR**	**PERCENT OF POVERTY LEVEL SCHIP**
Pregnant Women	2009	

Notes - 2011
Palau does not particiapte in Medicaid Program.

Notes - 2011
Palau does not participate in SCHIP.

Narrative:
Palau does not participate in Medicaid and SCHIP programs.

Health Systems Capacity Indicator 09A: *The ability of States to assure Maternal and Child Health (MCH) program access to policy and program relevant information.*

DATABASES OR SURVEYS	**Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner?**	**Does your MCH program have Direct access to the electronic database for analysis?**

	(Select 1 - 3)	(Select Y/N)
ANNUAL DATA LINKAGES Annual linkage of infant birth and infant death certificates	1	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	2	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

Notes - 2011

Narrative:
The Republic of Palau MCH Program participates in policy development process through call for recommendations on proposed legislations that affect the MCH population. It is also part of the strategic planning process of the Bureau of Public Health.

Health Systems Capacity Indicator 09B: *The Percent of Adolescents in Grades 9 through 12 who Reported Using Tobacco Product in the Past Month.*

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
School Health Screening Data Files	3	Yes
Youth Tobacco Survey	3	No

Notes - 2011

Narrative:
The 2009 School health Screening indicates that 18.6% of children 18 and under screened reported using tobacco products. YRBS 2009 report that 53.5% of children surveyed reported

using tobacco products in the past 30 days.

In January 2009, School Health program began initial pilot of Cessation at School Health including the implementation of relapse prevention program. The cessation program incorporates life skill sessions that teaches students coping skills as well as refusal skills. We will also work with STUN on Youth Tobacco Survey to continue prevention and intervention services in the schools. We will develop initiatives/activities focusing on refusal skills, self esteem, problem solving, coping skills. Another initiative for next year is to work with school PTA's in strengthening prevention and intervention services in the schools and including training of student peer mentors on delivering prevention messages in the schools.

IV. Priorities, Performance and Program Activities

A. Background and Overview

The Ministry of Health in the last ten years has been monitoring the cost of health care and has identified obesity related health conditions as the major leading cause of health expenditures . Since 2005, the Family Health Unit/MCH Title V Program (FHU/MCH), Bureau of Public Health through its collaborative efforts with all schools of Palau has implemented a school-based health screening for grades 1, 3, 5, 7, 9, and 11th every year. The data over the last 4 years, indicate that greater than 36% of children in Palau fall in the overweight and obese category. The issue of obesity and its risk factors of physical activity and nutrition has been known over many years.

FHU/MCH has made stride in the last five years to be improve its data system, from collection and analysis to reporting so that it is now in a position as an "Authority" of health in the community and sought after for opinion in the policy and legislative arena. Over these years, The Unit has established some key pediatric indicators relating to:

- At Risk/Obese Vs. Activity Level OR 2.3 (95%CI = 1.79-2.96)
- At risk/Obese Vs. Pre HTN/HTN OR 5.3 (95%CI= 3.45 -- 8.17)
- Psychosocial Vs. ANM OR 2.24 (95%CI = 1.71 -- 2.94)
- AMN Vs. Sexual Activity OR 11.07 (95%CI = 5.23 -- 23.86)
- Academic Performance Vs. Bullied OR 1.74 (95%CI = 1/18 -- 2.57)

These findings have encouraged school to take active role in the health of their children by implementing specific intervention to deal with issues within their schools. Over the last 5 years we have worked with schools to improve their capacity in providing onsite counseling to their students including capacity building in the physical activity and health classes through continuing annual workshops for teachers. We share the knowledge with school managements and PTA through annual presentations to schools and public school management teams.

Although FHU/MCH Title V Program continues to be a "Program" and not a Division or a Bureau, it has exceeded its expected role in Palau, not only a provider of services, but also has pushed issues relating to its population into legislative agenda (such as a member of a national committee to develop integrated health & pe curriculum), developed and pushed for passage of the first national framework on early childhood, key stakeholder in development of a national policy for disability, lead agency for a UNICEF sponsored research on child protection and also a key stakeholder/partner in the development of a Family Protection proposed legislation.

B. State Priorities

In the next 5 years (2011 -- 2015), the Palau Family Health Unit/MCH Title V Program will be strategically directed to focus its attention and resources on the following priorities. These priorities were echoed by the community during the year in meetings, workshops and conferences (annual women's conference and men's conference). The youth conference also had many recommendations that are being considered in the activities on the strategic direction of the program. Following is a list of the Palau State Priority Needs and a brief reason why they were chosen:

1. To increase the well-baby service attendance for 12, 24 and 36 months, and 4 and 5 years olds enumerated by age and averaged for the year.

The well --baby services encompass medical, developmental, immunization and social assessment of all children who attend the clinic. Assuring that a higher percentage of children are screened will initiate early intervention on a timely basis and will provide a wealth of information that helps in directing program strategies and activities.

2. To improve birth outcome through routine and timely Infant Fetal Maternal Morbidity and Mortality Review (IFMMMR)

Adopting this review process will enable us to identify issues within the system and within the community that will need to be corrected so that unnecessary mortalities do not occur. Lessons learned from this process not only helps in medical intervention but provide true pictures that can assist the community to adopt changes to overcome health problems. This makes for a better partnership of the health system and the community.

3. To increase the rate of women in reproductive age group whose BMI is under 27.

Overweight and Obesity in adult women is prevalent in Palau. Not only are we concerned with obesity and its risk factor of NCD, but also its contribution to negative birth outcome and the health of the infant including infertility.

4. To increase the percentage of children enrolled in school in odd grades who participate in the annual school health screening and intervention program.

This strategy has provides preventive services and intervention to a population that are the least users of health services. Unless they become sick, preventive health services are ignored. The information that is becoming available to us indicate that there is a great need to focus attention on this group to reduce NCD, Reproductive health problems, and other chronic problems that makes our ethnic group a dying population.

5. To reduce the rate of suicide ideation for adolescents 11 -- 19 years old.

Suicide is a major cause of mortality in this age group. Its association with other social and behavioral problems makes it a good strategic direction as it provides us avenue to explore other issues that influences suicide.

6. To reduce the percentage of children and adolescents ages 18 and under who report using (smoke/chew) tobacco in the last 30 days.

As mentioned under item#, this is a risk factor for health, social and behavioral problems. As pointed out in the needs assessment the use of alcohol, nicotine and marijuana in this age group is a gateway to early onset of sexual intercourse and with early menarche in girls, puts them at risk for pregnancy, sexually transmitted infection and other psycho-social problems including learning issues and school drop-out.

7. To increase the percentage of pregnant women who enter prenatal care in the first trimester.

Early entry to prenatal care contributes to early intervention if the mother has existing health problems. This will have a positive impact on birth outcome.

8. To reduce the rate of pre-term delivery.

Pre-term delivery is a reason for infant and fetal mortality. NCD, STI and other risk factors are indicators for pregnant women in Palau. Concentrating on this indicator will influence how we direct our activities to address more than just this priority.

9. To increase the percentage of parents/caretakers who report that their children with special health care needs receive quality health care.

Focusing on quality health care requires us to work collaboratively and coordinate with other programs in and outside of the health system including parents. This means that all partners will have an input to improvement s. Additionally, they will benefit from resources and capacity building initiatives.

10. Increase the percent of children who are victims of abuse and neglect that are provided appropriate and comprehensive services.

To be in compliance with Palau's child protection act and the soon to be legislated Family Protection Act, this strategy will enable to develop a system of identifying, managing and assisting children and families who become victims of abuse and neglect. This strategy will enable us to work with other partners, specifically justice and community services to develop social service systems that assist people/children who become marginalized and abused.

C. National Performance Measures

Performance Measure 01: *The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	90	92	95	97	99
Annual Indicator	0.0				
Numerator	0				
Denominator	317				
Data Source				Newborn Screening Database	Newborn Screening
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	Yes
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	99	99	99	100	100

Notes - 2009
In 2009, 151 babies who were born from January to August 2009 have undergone the Genetic Screening Tests. The screening ceased in Aug due to unavalability of testing kits. Screening resumed in January 2010. Among the births from January to August 2009, 79% (151/191) of the occurent births were screened.

The hearing screening for newborns was able to test 97.4% (266/273) of the infants in 2009. 23 babies have not passed the hearing test and are awaiting diagnosis.

There are no screen positive newborns in 2009.

Notes - 2008
/2010/ - For 2008, the number of newborn screened were 134 out of 176 births. We began our screening in June 2008 and therefore, the analysis only reflect this time period. For this period, we did not find a child to be positive for any of the conditions we screened. Since this was our first time in this screening, we identified problems in blood spot collection that we needed to address as a great percentage of tests were required redoing. We have conducted blood spot collection for our nurses. A long term strategy that Palau is undertaking is hiring of the newborn technicians. These technicians will be responsible for blood spot and hearing screening for newborns. We therefore, forsee many issues in this process being corrected in the next year.//2010//

Notes - 2007
/2010/ - Palau did not begin its newborn genetic program until June 2008. Therefore, we do not have data to report for 2007.//2010//

a. Last Year's Accomplishments
Newborn metabolic screening is an essential preventive measure that assures that babies born with or are at risk of genetic disorder are provided with appropriate and timely follow up care to prevent lifelong threatening health problems. Palau's Newborn Screening Program is housed under Family Health Unit. Since its full inception in 2008 when the program began collecting specimen and sending them to the University of Philippines for testing, the program has worked with in house providers and staff to strengthen its internal capacity to assure that newborn babies

are screened prior to hospital discharge. Two newborn screening technicians were hired in year 2009 to work with clinicians and lab technicians in collecting and packaging specimen to be sent off island. These two staff had undergone trainings on process and protocols and continues to work in the clinic as part of their ongoing trainings. The staffs have also been trained to collect and enter data into data base. A brochure for families/parents of newborn that went through screening was developed last year and distributed to parents. In 2009, a total of 151 newborn babies underwent genetic screening. These babies were born between the months of January through August 2009. Screening ceased temporarily due to unavailability of testing kits. Because of the limited number of local medical suppliers /vendors, the program at times have to purchase supplies from vendors outside of Palau and this process often takes time. Screening resumed in January 2010.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Ongoing trainings on screening protocols and quality assurance for staff				X
2. Brochure/pamphlet for parents developed and disseminated to parents.		X		
3. Ongoing discussions regarding development of certification process for newborn screening technicians.				X
4. Ongoing discussions with College of Health through Palau Community College for trainings and CE's on newborn screening.				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Family Health Unit continues to work in ensuring that all newborn babies are screened prior to hospital discharge. Ongoing in house trainings for staff development in areas of quality assurance and protocols continues. Program works closely with the local hospital lab to ensure availability of needed supplies. Program also maintains ongoing communication with courier and University of Philippine to assure that specimen are received in a timely manner and results are reported to program. Program is working with Public Health Information System and MOH IT in improving its data collection capacity and integrating and linking newborn data base with other MCH data base.

c. Plan for the Coming Year

Ongoing trainings will continue for next year. Staff will be provided with trainings that focus on screening process and timely follow up and appropriate interventions for positive results. In addition staff will undergo further training on data collection and monitoring. Program will continue to work with other areas in hospital in refining process involving purchasing and maintenance of supplies. We will also continue to work with hospital lab to ensure specimens are collected and send out in a timely manner. We will also be developing information for the media and other health education materials for parents and families. Education materials will be translated into other language materials will also be developed specifically for hospital providers. We will continue to work in developing and enhancing our data base to capture information collected. Program will work to develop an integrated database that links newborn screening data base to

other MCH database and centralizing data into a centralized data base. This will include integration of newborn screening data to MCH data base and linking birth certificate registry, death certificate, immunization data into one centralized unit connecting to the main Public Health Information system. Program will work with Human Resource in establishing and refining certification process for newborn screening technicians. Plans to offer trainings and CE's on newborn genetic screening will be discussed with College of Health through the local community college.

Form 6, Number and Percentage of Newborns and Others Screened, Cases Confirmed, and Treated

The newborn screening data reported on Form 6 is provided to assist the reviewer analyze NPM01.

Total Births by Occurrence:	**273**					
Reporting Year:	**2009**					
Type of Screening Tests:	**(A) Receiving at least one Screen (1)**		**(B) No. of Presumptive Positive Screens**	**(C) No. Confirmed Cases (2)**	**(D) Needing Treatment that Received Treatment (3)**	
	No.	%	No.	No.	No.	%
Phenylketonuria (Classical)	151	55.3	0	0	0	
Congenital Hypothyroidism (Classical)	151	55.3	0	0	0	
Galactosemia (Classical)	151	55.3	0	0	0	
Sickle Cell Disease	0	0.0	0	0	0	
Congenital Adrenal Hyperplasia (CAH)	151	55.3	0	0	0	
G6PD	151	55.3	0	0	0	
Hearing Screening	266	97.4	23	0	0	
Depression Screening for Pregnant Women	181	66.3	15	2	2	100.0
BMI Screening for school children	1490	545.8	297	275	214	77.8
Vision Screening for school children	1474	539.9	108	28	24	85.7
Hearing	1428	523.1	273	173	134	77.5

Screening for school children						
Bullying screening for school children	1485	544.0	324	324	224	69.1
Dental Screening for School Children	1154	422.7	324	324	162	50.0
Post-Partum Depression Screening	0	0.0	0	0	0	
Hypertension Screening of School Children	1490	545.8	117	46	9	19.6

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	73	75	78	81	92
Annual Indicator	72.8	90.3	90.3	90.3	90.3
Numerator	219	65	65	65	65
Denominator	301	72	72	72	72
Data Source				SLAITS-like Survey, 2007	SLAITS-like Survey, 2007
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	92	93	94	95	

Notes - 2009
/2009/ - In 2008, we are using data from 2007 as our survey for 2009 has not been completed. We were suppose to conduct it March, however, due to many procedural changes with the new Palau Government Administration, the paper works were returned and we have to begin the process again. We will have the information for the 2010 Needs Assessment.

Notes - 2008
/2009/ - In 2008, we are using data from 2007 as our survey for 2009 has not been completed. We were suppose to conduct it March, however, due to many procedural changes with the new Palau Government Administration, the paper works were returned and we have to begin the process again. We will have the information for the 2010 Needs Assessment.

Notes - 2007

//2008// We use data reported in 2006 to populate this table. The survey is conducted every two years. The Children with Special Health Care Needs Survey in 2007 showed that 90.2% (65/72) of primary care givers (family members) expressed that the doctors and other health care service providers have “always” and “some of the time” addressed issues and concerns of their children. This is the overall average of the seven items that were asked from the family members to measure their satisfaction with the care given to them. All the items had scores greater than 80%. There is great improvement in the satisfaction compared with last year’s 72% average percentage of their satisfaction.

a. Last Year's Accomplishments

Family Health Unit believes in the importance of family involvement in the care of CSN. Efforts to promote family participation in the decision making process is an ongoing learning process in itself. In 2009, Family Health Unit held a series of meetings with parents of CSN. The focus of these meetings was to engage in dialogue with parents and caregivers in soliciting feedbacks and recommendations on service improvement in terms of accessibility to needed medical care, support services and capacity building for service providers. The primary objective of these meetings was to revive "Omekesang", the only local non-profit organization on disability. Through discussions with parents in these meetings, By-laws and organizations rules and regulations were developed and members were elected. Current works on the formal establishment of Omekesang are ongoing. In 2009, the SLAIT-Like Survey that was initially scheduled for 2009 was postponed due to recent administration changes and changes in recruitment process. This change in recruitment process also delayed the hiring of a Parent Advocate for CSN.

In areas of staff development, training on counseling skills was conducted through collaboration with the Behavioral Health Department. This training provided skill building sessions to all counselors and social workers in Public Health in areas of intervention and support services for parents and families. Another training that provided trainings on parental involvement was conducted in Palau by the University of Hawaii Center for Disabilities Studies. This training explored strategies in maximizing parental involvement in the decision making process for CSN. Included in this training were also trainings on how to develop resource materials to assist CSN and parents acquire important skills and information on how to access needed medical and support services. With the creation of the newly formed Social Health Unit, efforts to streamline all social services are ongoing. FHU will work in collaboration with Social Health Unit to ensure that support services for parents become an integral part of social service system within the Bureau of Public Health. In-house trainings and CE's are ongoing and staff continue to discuss and make necessary changes to ensure parental involvement in the care of their children. FHU participated in an international forum on Disability Rights and Policies in Cook Island. This meeting paved the way for important changes in Palau's legislation and policy development for disability.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. CSN Care Coordinator/Trainer Hired				X
2. Parental meetings on service improvements and capacity building				X
3. University of Hawaii Center for Disability Studies training				X
4. Re-establishment of Omekesang Association				X
5. Forum on Disability Policy Development				X
6.				
7.				
8.				
9.				

10.				

b. Current Activities

Hire a parent advocate to work closely with parents of CSN and service providers to ensure that parents are involved in the decision making of their children's care. This year, FHU hired a CSN Care Coordinator/Trainer to work closely with program staff, clinicians, counselors, community providers in coordinating services for CSN and families. Ongoing in-house trainings and meetings on the medical home concept and referral systems are provided to staff.

FHU works with schools through PTA's in conducting community outreach to better educate parents and the community on availability and accessibility of services for CSN. FHU in collaboration with the Ministry of Community and Cultural Affairs hosted a forum on Disability Legislation with members of the South Pacific Secretariat Forum on Disability. Through this forum, important legislations and policies on disabilities were discussed. Members of legislative and executive branch of government began important discussions on possible legislations and policies which will guide important work in areas of disability. An important proposed legislation being reviewed is the Family Protection Act which offers protection from acts of family maltreatment including violence, abuse, and neglect. In April of this year, FHU sponsored a member of Omekesang organization with a family member to attend the 2010 PACRIM conference which was held in Hawaii.

c. Plan for the Coming Year

Improve and refine referral process to ensure parental involvement. Provide trainings for parents in areas of communication, services, legislations, and policies affecting services for CSN and families. Support activities for Omekesang and Palau Parent Empowered. Work with NGO's to improve services for CSN and parents. Continue ongoing work with Special Education programs in strengthening parental involvement in prevention and interventions in the school settings. Conduct trainings to other community providers on the Medical Home Concept. Improve data collection efforts to better access and analyze data for CSN.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	33	35	37	40	60
Annual Indicator	30.9	57.7	57.7	57.7	57.7
Numerator	93	41	41	41	41
Denominator	301	71	71	71	71
Data Source				SLAITS-like Survey, 2007	SLAITS-like Survey, 2007
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	

	2010	2011	2012	2013	2014
Annual Performance Objective	62	65	68	70	

Notes - 2009
/2009/ - In May 2009 a training on counseling skills was provided to all public health social workers and counselors. This training provided skill building sessions that focuses on provider client relationship and communication.Another training on case management and care coordination will take place this year in November. This training will provide skill building sessions for service providers in working with CSN clients and their families//2010//

Notes - 2008
/2009/ - In May 2009 a training on counseling skills was provided to all public health social workers and counselors. This training provided skill building sessions that focuses on provider client relationship and communication.Another training on case management and care coordination will take place this year in November. This training will provide skill building sessions for service providers in working with CSN clients and their families//2010//

a. Last Year's Accomplishments
FHU continues to provide comprehensive medical and supporting services to Palau's CSN population through the "medical home' concept system of care that involves a network of providers working together to ensure that recipients of services are provided with continuous and ongoing comprehensive care. Services for children and families are provided and coordinated through a system of case management that includes a primary care physician, case coordinator, CSN nurse, social worker, nutritionist, and other professionals. FHU continues to work with Special Education Program and Ministry of Education in strengthening its preventive health services and early identification component of care in the school setting. Our monthly case management meetings through the HRC (High Risk Clinic) allows continuous and ongoing dialogue between providers in discussions of important issues and needs of each individual client. Through these HRC monthly meetings, individual cases are reviewed and evaluated and treatment plans are developed.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Case management /support services		X		
2. Increased home visitations		X		
3. In house trainings on protocols				X
4. Quality Assurance/routine chart audit				X
5. Monthly case conference meetings through HRC				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities
This year, FHU hired a part time CSN Coordinator/trainer to work in coordinating services for all CSN and their families. This position also provides training to for staff, service providers in areas of case management, follow up care, intervention including home visitations.FHU is also in the process of hiring a part time parent advocate coordinator for CSN. This position will work in ensuring that parents voice are heard and parents become part of the system in making decisions affecting policies and services. Early this year, FHU held two meetings with CSN parents to discuss coordination and accessibility of services. Discussions in these meetings provides important recommendations for programs to improve system of care and make necessary

changes to ensure that care for CSN are comprehensive and well coordinated. This year FHU sponsored off island training for a school health counselor and a school principal who is a collaborative member of the Adolescent Health Committee to attend the 2010 System of Care Training conducted by Georgetown University. This training focuses on building and sustaining system of care for at risk children, CSN and their families.

c. Plan for the Coming Year

Services are ongoing and we continue to refine our efforts and strategies to better provide comprehensive services to CSN. Ongoing trainings focusing on staff development will be provided in the coming year. We will also conduct parental trainings in central Koror and other outlying states. FHU will continue to work to improve its data collection and monitoring. Routine Internal audits and routine case conference will become part of the system. FHU to continue to work with University of Hawaii Center for Disability in developing resource materials. We will continue to refine our efforts and practices in the community to ensure that services are well coordinated and accessible. FHU to work with CAP in developing educational resources for providers and families. Family Health Unit in collaboration with Special Education program will begin discussions with Guam Center for Excellence in Developmental Disabilities, Education, Research and Service (CEDDERS) in the possibility of development of resource materials that are culturally and age appropriate for CSN and families. Program evaluation will also be discussed in upcoming meeting with CEDDERS.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	15	17	20	11	12
Annual Indicator	13.0	10.6	10.6	10.6	10.6
Numerator	39	11	11	11	11
Denominator	301	104	104	104	104
Data Source				SLAITS-like Survey, 2007	SLAITS-like Survey, 2007
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	14	16	18	20	

Notes - 2009

/2009/ - This indicator as reported last year was also very low. We expected it to be low as health care services for children with special needs are heavily subsidized by the government of Palau. //2010//

Notes - 2008
/2009/ - This indicator as reported last year was also very low. We expected it to be low as health care services for children with special needs are heavily subsidized by the government of Palau. //2010//

Notes - 2007
//2008// - Of the families who took part in the Children with Special Health Care Needs Survey (n=104), 11 (10.6%) of them claimed to have insurance. In this insurance, 91% expressed that they are able to buy medicines with it.

While there is only a small proportion of families covered with private insurance, in Palau primary health care is a fundamental right. MCH services are for free particularly among those children identified as having special health care needs. At average, the families would have an annual income of US$14,900 (CHSN Survey, 2007). A little over than half (59.6%) have more than one income earner per household. This gives also assurance that the family can supplement the necessary health needs of their child.

a. Last Year's Accomplishments
This indicator as reported last year was also very low. We expected it to be low as health care Services for children with special healthcare needs are heavily subsidized by the government of Palau.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Republic of Palau absorbs 80% of healthcare cost for CHSCN				X
2. Medical card is no longer date limited				X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
Health care services for CSN are subsidized by the government of Palau.

c. Plan for the Coming Year
Republic of Palau continues to absorb 80% of cost of health services for CSN.

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**

Annual Performance Objective	36	38	40	60	62
Annual Indicator	34.9	57.7	57.7	57.7	57.7
Numerator	105	41	41	41	41
Denominator	301	71	71	71	71
Data Source				SLAITS-like Survey, 2007	SLAITS-like Survey, 2007
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	64	67	69	69	

Notes - 2009
/2009/ - As reported in performance measure 3, when we conducted the trainings in 2007 and 2008, we opened them to our collaborative partners. This is to strengthen collaboration so that services can be streamlined and practices improved at different sites. Staff attended training in Guam on “Wrap Around System of Care” and Medical Home for CSN and high risk adolescents. In Palau community-based system of care for CSHCN are more or less government supported. There are no NGO's supported CSHCN community-based services. Therefore, collaboration on capacity building and coordination of services are key service models that we utilize in order to expand community-based intervention.//2010//

Notes - 2008
/2009/ - As reported in performance measure 3, when we conducted the trainings in 2007 and 2008, we opened them to our collaborative partners. This is to strengthen collaboration so that services can be streamlined and practices improved at different sites. Staff attended training in Guam on “Wrap Around System of Care” and Medical Home for CSN and high risk adolescents. In Palau community-based system of care for CSHCN are more or less government supported. There are no NGO's supported CSHCN community-based services. Therefore, collaboration on capacity building and coordination of services are key service models that we utilize in order to expand community-based intervention.//2010//

Notes - 2007
//2008/ - This section also reflects the same items under the care coordination. 57.7% of the families expressed that the services are coordinated in a way that helps their children access these services, and again, since this survey is conducted every 2 years, we use last years' data to prepopulate this table.

a. Last Year's Accomplishments
FHU continues to work with community providers to ensure that services are accessible for CSN and families. Ongoing work with Special Education program and Ministry of Education continues. FHU held series of meetings in 2009 with parents and caregivers of CSN to engage in dialogue on serviced improvements including increasing and expanding of services in the community. Parents of CSN were also part of the training conducted by the University of Hawaii Center for Disability. Our community outreach through dispensaries continued and providers continues to work with parents to ensure that services through these community outreaches at the dispensaries are accessible.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Wellness Clinic opened				X
2. Outreach activities through dispensaries		X		
3. Trainings for providers on case management and intervention				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

FHU early this year opened a Wellness Clinic in the community. The goal of this clinic is to expand Title V services in the community for children and CSN. Services provided are doctors' consultation visit, nutrition counseling, physical activity and weight management counseling and health educations. Gender health services will be part of services and will also target services for parents and caregivers of CSN.This is to strengthen collaboration so that services can be streamlined and practices improved at different sites. FHU worked with Palau Parent Empowered network to strengthen its position in the community.

c. Plan for the Coming Year

Continue trainings on staff development in areas of case management and care coordination for CSN and their families. Work with MCCA and MOE to ensure passage of disability legislation and policies influencing directions of services in community. Improve data base to better capture CSN activities. Develop health education materials on CSN. Continue to work with Special Education in developing trainings for school staff and parents of CSN.

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	32	34	36	78	80
Annual Indicator	29.9	76.7	76.7	76.7	76.7
Numerator	90	56	56	56	56
Denominator	301	73	73	73	73
Data Source				SLAITS-like Survey, 2007	SLAITS-like Survey, 2007
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and					

2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	82	84	85	85	

Notes - 2009
/2009/ - As reported in the previous years, this was a good performing care component. However, in re-assessing the information, the component of this care which was low was in the area of identified health care provider for the child. The access to care and availability of care was at 97% but previously mentioned care component was 55%. This reflects that the characteristic of the Palau medical home design. In this design, there are several pediatricians, nurses, and social workers who are part of this medical home. Therefore, any child with special need can access quality care at any time and place. Although the systems are in place for provision of health care and transitioning from child to adulthood, components of care that really prepares the child with special needs to be an independent adult are not in place. We understand this, and will need a complete paradigm shift from cultural and traditional contexts of family responsibility to an individual rights and responsibilities to attain fullfilment of life.//2010//

Notes - 2008
/2009/ - As reported in the previous years, this was a good performing care component. However, in re-assessing the information, the component of this care which was low was in the area of identified health care provider for the child. The access to care and availability of care was at 97% but previously mentioned care component was 55%. This reflects that the characteristic of the Palau medical home design. In this design, there are several pediatricians, nurses, and social workers who are part of this medical home. Therefore, any child with special need can access quality care at any time and place. Although the systems are in place for provision of health care and transitioning from child to adulthood, components of care that really prepares the child with special needs to be an independent adult are not in place. We understand this, and will need a complete paradigm shift from cultural and traditional contexts of family responsibility to an individual rights and responsibilities to attain fullfilment of life.//2010//

Notes - 2007
//2008/ - fAt average, 76% of family members agree that they have doctors and they always have health care access. These questions reflect the level of access to the services necessary to make transitions to all aspects of adult life, including adult health care, work and independence. About 97.3% (71/73) of family members of children with special health care needs said that they never had delay in health care consult nor gone without health care for their child. Also, 55.4% (41/74) expressed that their child has a regular doctor or nurse. The low proportion of family members agreeing that their child has a regular doctor could also be explained by the fact that a child with special health care needs could also be referred from one doctor or health professional to the other including the stakeholders in the schools and communities.

a. Last Year's Accomplishments
Ongoing dialogue with parents of CSN continues and community providers in discussions of possible transition program for CSN. FHU held meetings with parents to discuss the reestablishment of Omekesang. This community organization will be the driving force in developments of transition services. Program continues to provide ongoing services.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**

	DHC	ES	PBS	IB
1. Re-establishment of Omekesang NGO				X
2. Collaboration and support for Palau's Parent Empower				X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Trainings and collaborative works with outside partners are ongoing. We continue to work to promote the medical home concept in ensuring that clients receive the necessary and appropriate services needed to transition. Continue to work with parents in providing necessary support to help parents assist CSN in transitioning. Establishment of Omekesang Association will take place this year. FHU will continue its work with this group in organizing and setting priorities for CSN including transition services. Continued efforts in working with lawmakers in ensuring passage of legislations and policies to ensure transition services.

c. Plan for the Coming Year

Ongoing trainings will be provided to service providers and parents on care coordination and parenting skills. Care Coordinator for CSN to develop and conduct trainings for families including life skill sessions for transitioning CSN. This will be a collaborative effort with other community base providers to develop resources to assist CSN in transition stages. FHU will work with Palau Parent Empowered in assuring that resources and support are accessible for CSN transitioning.

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective	99	100	100	100	100
Annual Indicator	99	97.9	95	96	88
Numerator		333			
Denominator		340			
Data Source				Immunization Registry	Immunization Registry
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

	2010	2011	2012	2013	2014
Annual Performance Objective	100	100	100	100	100

Notes - 2009
Precalculated data from immunization registry

Notes - 2008
/2009/-Data are precalculated and therefore numerators and denominators are not provided to us. Through the efforts of CDC funded immunization program, discussions on developments of new database that will assist us in immunization assessment and follow-up are ongoing. This ongoing discussions between CDC , Palau's Immunization Program and MOH Information System will help us refine our process and strategies to improve this indicator for 2010 reporting year. This information system development will enable FHU information system to be linked with Immunization data base.//2010//

Notes - 2007
//2008/ - In 2007, the immunization registry and tracking show that HIB was missed at 15 months for majority of missed immunization. This vaccine cannot be administered after 15 months and therefore in 2007, we see the rate come down as compared to previous years.

a. Last Year's Accomplishments
Through the efforts of CDC funded immunization program, discussions on developments of new database that will assist us in immunization assessment and follow-up are ongoing. These ongoing discussions between CDC, Palau's Immunization Program and MOH Information System will help us refine our process and strategies to improve this indicator.
The immunization rate for 2009 was 88%. Program continues to work with Immunization program to increase coverage and monitor and track this performance.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Assessed immunization coverage from the tracking and registry database				X
2. Trainings on timely follow ups		X		
3. System enhancement and linking of immunization data base to MCH data base				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
Discussions on development of data base are on-going and we continue to work in improving our current process and in house protocols to better monitor and track this measurement. Two computer technicians were recruited early this year to work in integrating and merging immunization data base to FHU/MCH database. This process will also link all FHU and Immunization data into a centralized database. This process will also create linkages for birth certificate and death certificate to MCH database.

c. Plan for the Coming Year
In addition to improving our data collection and database capacity, we plan on conducting trainings for in house staff on issues relating to timely follow ups on immunization and better tracking mechanism to ensure that this indicator is improved.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	13	11	10	6.4	6
Annual Indicator	11.1	7.6	6.5	13.1	15.1
Numerator	5	10	3	6	7
Denominator	449	1322	459	459	463
Data Source				Birth Certificate, FHU Registry	Birth Certificate, FHU Registry
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	6	5.8	5.6	5.2	5.2

Notes - 2009
Among these 7 teenage mothers who delivered in 2009, 4 were 16 years old and 3 were 17 years old. There were also 8 mothers (2.9%) who were 18 years old and 19 mothers (7.0%) were 19 years old.

Notes - 2008
/2009/-The school health program through the adolescent health collaborative continues to advocate and provide services to assure healthy reproductive health for Palau's children. Included in activities for 2008 are provision of on-site reproductive and sexual health counseling, provision of family planning services, health screening/intervention/referrals/follow-ups and through the Strengthening Project. This project aims to improve health of children through improving health and PE programs in schools. Through this initiative, health and PE teachers are assisted to look at health and PE as integrated subjects. Areas of health that are addressed in this initiative are wellness issues such as physical activity, nutrition, mental, behavioral and emotional health, substance abuse, sexuality and reproductive health. FHU also supports summer camps for children. In these summer camps, FHU incorporate health learnings which becomes part of the summer camps activities. Through this supports, FHU is assisting community NGO to develop culturally appropriate models of intervention for Palau youths. FHU have also conducted gender focus groups on reproductive health that focuses on prevention and life skill building.//2010//

Notes - 2007
//2008/ - About 5.0% (n=14) of the total pregnancies in 2007 are from teenage mothers. Of these, one (1) was 16 years old and two (2) were 17 years old. This brings the 15-17 ASFR at 6.6 per

1,000 women in the said age bracket. An increase is observed in 2007 compared to 2006 at 2.2. The three-year moving average is 7.6 per 1000 for teenagers aged 15 through 17 years. Expanding the assessment of the ASFR to 15-19 years old, this has slightly dropped from 18.6 to 18.4 per 1000 women in 2006 and 2007, respectively. An age-specific fertility rate of 18.4 is lower compared with the same rate in the industrialized countries at 24 (Fertility and Contraceptive Use, Unicef Statistics, Unicef, 2007).

The denominator is a population projection for this age group(female), based on the Republic of Palau 2005 Population Cencus

a. Last Year's Accomplishments

In 2009, we began discussions and planning on assessment of the effectiveness of the following initiatives within FHU: School Health Screening and Intervention; Strengthening Project; and Summer Camps. We work with the community NGO to document the model of community based intervention that is being incorporated in their summer camp. We work with Palau YRBS to further analyze the YRBS data to provide us information on risk factors that influences children's sexual practices and their reproductive health. In year 2009 through the adolescent collaborative initiative, we began discussions on doing collaborative research with school principals and staff to further look into the results of the school health screening and the YRBS. This collaborative research will enable us to identify potential risk factors that can guide us in designing initiatives and programs in addressing needs that are specific to Palau's children. We have also developed a data base to track our school health interventions which monitors intervention activities for children and youth who are found to have psychosocial issues including those who pose risky sexual behavior.

There were a total of seven teen pregnancies aged 15-17 years in year 2009. This is an increase from previous years. There were a total of 34 cases of pregnancies to teen's ages 15-19 years in year 2009.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Counseling and comprehensive family planning services provided to sexually active students identified through school health screening.		X		
2. Adolescent Health Collaborative				X
3. Annual Health and PE Teachers Workshop				X
4. Reproductive Health Strategic plan				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

School Health Screening and Interventions are ongoing and activities targeting children and adolescents will continue. We continue to work with the schools and our NGO's partners in addressing the reproductive health needs of Palau's children. The adolescent health collaborative team will continue its work on the collaborative research. This research will be support by other multilateral agencies (UNFPA,& UNICEF). We foresee that this process will enable us to build and improve our capacity in areas of research specifically in children and adolescent health. This process will also open doors for us to partner with other international body in addressing issues

that are specific to the pacific jurisdiction as well as provide additional resource to Palau's MCH program in addressing the needs of MCH population. In April of this year, FHU and UNFPA held a week training/conference on Reproductive Health in Palau. The purpose of this conference was to develop a national strategic plan on reproductive health encompassing all reproductive age group. This plan will set directions and establish priorities for services in Palau. Included in this conference were focused groups whereby adolescents' inputs were garnered and included in the strategic plan. Currently, we are awaiting the final draft of the plan from UNFPA.

c. Plan for the Coming Year

FHU continues to work with its community partners in addressing this indicator. Efforts to train providers, teachers, and families will continue. Discussions with UNFPA and other international bodies on possible research project will continue. FHU will work with its Family Planning program to build its capacity in addressing this indicator. Internal trainings for staff in areas of counseling on reproductive health and sexuality will take place. MOH OBGYN will be part of trainings on reproductive health.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	83	85	87	90	93
Annual Indicator	53.9	41.5	87.1	81.9	15.2
Numerator	132	136	155	104	41
Denominator	245	328	178	127	270
Data Source				Dental Serv. Tracking System	Dental Services
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	93	93	94	95	95

Notes - 2009

Dental services reported low number of recipients of sealants due to inavailability of supplies. Denominator used in this indicator is the census of all 3rd grade students from all the schools in Palau.

Among the 199 third grade students checked for dental caries, 105 or 28.2% of them identified to have caries. Among the 173 fifth grade students, 56 or 15.1% were identified to have caries. Combining 3rd and 5th Grades gives us a proportion of 43.3% students having tooth decay.

Notes - 2008

/2009/-FHU worked to increase collaboration effort with the Division of Oral Health. Since dental health screening is part of the School Health Screening, it is important for the Division of Oral

Health to increase their effort in preventive dentistry for children. This discussion is undergoing with the new management in Oral Health Division, we forsee better working relationship and management activity to address this issue.//2010//

Notes - 2007
//2008/- In 2007, this is the first time that Palau has reached its target in the last five years. FHU partners with the Division of Oral Health to continue to improve this measure. In the school health screening, the cavities rate for 3rd graders was 60%. This indicates that extensive work need to continue to lower the percentage of caries. Another partnership is through ECCS and the Association of Governors to assure that all schools in Palau will have classroom sinks for the purpose of improving oral health and personal hygiene issues of school aged children.

a. Last Year's Accomplishments
FHU continued to work with Oral Health to ensure that children and adolescents needing dental services are seen and are followed up. Oral Health now has a new Chief and discussions on organizing dental services specific to children and adolescents are ongoing. In 2009 School Health Screening, 28.2% of the 199 third grade screened were found to have cavities. Only 41 third grade students received protective sealants due to lack of needed supplies.
Training for dental screening was held last year during the FHU end of year Conference. Oral health trained more than fifty providers on techniques and skill building in screening.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Oral Health as part of the School Health Screening and intervention			X	
2. Collaboration with Oral Health in the process of identification, referral, and intervention.		X		
3. Training conducted on dental screening for service providers involved with the school health screening.				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
FHU continues to work with Oral Health in expanding and increasing scope of services in the schools. Internal dialogue with Oral health and other Public Health programs on issues relating to supplies cost are ongoing. Efforts to streamline public health services in schools are being discussed. This year, a dental nurse will be screening with school health nurse during scheduled screening dates at school. FHU have held a series of meetings with Oral Health to discuss improving dental intervention services in the schools and possible ways of identifying funding streams to support dental screening and intervention in the schools. Two meetings were held with School Screening team earlier this year to review and refine screening tool to better capture dental information. Data collection and reporting are also being discussed.

c. Plan for the Coming Year

FHU and Oral Health will provide trainings to staff who are involved in the dental screening. In addition to this training, protocols and processes will be revisited and improved. Data collection and reporting requirements will be further discussed and refined.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0		0.0
Numerator	0	0	0		0
Denominator	4789	4836	4875	4875	4953
Data Source				MOHMIS	Death Certificates
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	Yes
Is the Data Provisional or Final?				Provisional	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	0	0	0	0	0

Notes - 2009
Data is not available at this time.

Notes - 2008
/2010/-We continued to increase injury prevention efforts with Emergency Health Program and the Ministry of Justice so that Palau's children do not die due to motor vehicle crashes. Through collaboration with Emergency Health and State Incentive Grant, we conducted community prevention activities that targets issues related to MVA such as DUI and underage drinking. We also conduct presentations in the 2008 Womens Conference on Child Injury and Child Death. In addition, In the 2008 National Youth Conference, FHU coordinated with other programs in presenting and conducting workshop sessions targeting on underage drinking. FHU also supported various summer camps in providing trainings to students and mentors in life skill application. We continued to support Emegency Health in their initiative “Dewill A Renguk”, a “model program” campaign against drunk driving. In 2008, one (1) child died due to motor vehicle crash which was also alcohol related.//2010//

Notes - 2007
//2008/ - No deaths were recorded caused by motor vehicle among children aged 14 years and younger.

The risk for motor vehicle accidents in the recent Youth Risk Behavior (2007)Survey, about 14.6% (84/572) of the respondents claimed to have driven a car or other vehicle when they had been drinking alcohol. The School Health Program has individual and group counseling on Alcohol, Tobacco and Other Drugs among the in-school students. In addition, many other programs in Palau such as the "Stop Tobacco Use Now" and the "Gen NOW" Projects of the Division of Behavioral Health have been very actively promoting the reduction of use of alcohol and tobacco in the community. FHU and the CHC with their community engagement activities

are also working to increase communitiy capacities to lessen the use and risk of tobacco and alcohol.

a. Last Year's Accomplishments
We continued to work with other agencies in addressing this measure. Last year we partner with the schools and Ministry of Justice in conducting health education in the schools targeting underage drinking and driving. We've also worked with community NGO's in reviewing existing legislations regarding underage drinking and child death in relation to MVA due to alcohol.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Collaboration with emergency health and SIG in providing health education on injury prevention and underage drinking.		X		
2. Collaboration with NGO's in reviewing legislations on underage drinking				X
3. Ongoing collaborations with MOJ in health education in school settings regarding underage drinking.		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
We continue to work with our collaborating partners in addressing this measure. Discussions on possible legislation on seat belts are ongoing. The Early Childhood Comprehensive System Committee is proposing legislation on seat belt requirement for children. FHU continues to work with Public Health Emergency Health program in addressing this indicator.

c. Plan for the Coming Year
FHU will strengthen partnership with schools and Ministry of Justice and Emergency Health in addressing this indicator. FHU continues to support NGO's activities in addressing this indicator. Health education and media campaign through CAP will increase awareness. FHU through its ECCS program will continue to work to ensure passage of legislation mandating seatbelt requirement. FHU supports DEWILL campaign in its effort to stop and prevent underage drinking.

Performance Measure 11: *The percent of mothers who breastfeed their infants at 6 months of age.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective		60	65	56	97
Annual Indicator	48.7	58.7	52.4	96.8	67.2
Numerator		54	33	92	45
Denominator		92	63	95	67
Data Source				FHU Client Tracking	FHU Client Tracking

				System	System
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	98	98	98	98	98

Notes - 2009
Data source for this measurement is taken from the well baby clinic registry. 38.8% of the babies at 4-6 months old are reported to be fed with exclusive breastfeeding while 28.4% were reported to be fed with partial breastfeeding.

Notes - 2007
//2008/ Comparison of Breastfeeding Practice among Mothers who Gave Birth from Years 2003 - 2007.

Among those mothers who delivered in 2007 and participated in the PRAMS-like survey, 96.5% breastfed their babies. Of those who breastfeed, 44.1% breastfed for 6 months or more while those who breastfed within the first six months was slightly higher at 52.4%. There is a decrease compared with 2003-2004 (46.4%) and 2005/2006 (58.7%). There is a slight decrease of mothers who did not breastfeed in 2007 (3.2%) compared with 2005/2006 (3.3%), still the proportion of babies being breastfeed is very high. The proportion of those mothers who breastfeed their babies is 96.9% from years 2003-2007.
-

a. Last Year's Accomplishments
Continued efforts in the past. An emerging issue that we will have to do an in-depth investigation on is the relationship of breastfeeding and jaundice. There are anecdotal evidence that there is a relationship, however, we have not studied this emerging health issue. In 2009, 38.8% of babies ages 4 to 6 months were breastfeed exclusively and 28.4% were reported to partial breastfeeding.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Breastfeeding and nutrition counseling during prenatal care and post partum care.		X		
2. Breastfeeding counseling and health education integrated into home visitation follow-up care.		X		
3. Exclusive breastfeeding in the post partum ward at the hospital				X
4. ECCS Collaborative				X
5.				
6.				
7.				
8.				

9.				
10.				

b. Current Activities
Ongoing hospital to home care services continues. We continue to provide breastfeeding counseling and health educations in the clinics and during home visits. Nutrition counseling is integrated with the breastfeeding counseling in the clinic during prenatal and postnatal visits. FHU have increased its home visitation services and community outreach. A nutritionist is part of the home visit team and works closely with new mothers in providing health education and counseling on breast feeding. Legislation on breastfeeding is being reviewed to see if amendments are necessary. FHU held series of talk show in early May. Topics of talk shows covered a variety of issues relating to infant care including the importance of breastfeeding.

c. Plan for the Coming Year
We will continue to refine our efforts in increasing and promoting breastfeeding. FHU to work with ECCS collaborative committee in promoting breastfeeding in the community. CAP to assist FHU in development of educational materials to be distributed in clinic sites including dispensaries and other possible community sites.

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	0	98	99	85	87
Annual Indicator	0.0	50.2	81.4	85.4	97.4
Numerator	0	130	227	252	266
Denominator	311	259	279	295	273
Data Source				Newborn Screening Tracking System	Newborn Screening Tracking System
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	89	91	95	99	99

Notes - 2007
//2008/ - There were a total of 279 live births in 2007. Of these newborns, 81.4% (n=227) were screened for hearing using the Otoacoustic Emission test prior to discharge. About 86.3% (196/227) passed the test and 13.7% (31/227) failed in both or either ears.

Among the 31 newborns who failed the OAE test, three (3) or 9.7% (3/31) were tested in only one ear, 25.8% (8/31) newborns failed on both ears. 64.5% (20/31) newborns were tested on both ears and failed the test on either ear.

No infants were tested on the Auditory Brainstem Response Test. However, at 3 months follow-up in the well-baby services, all infants who failed the initial test at births, all passed the OAE and ABR. Therefore, no baby was found to have congenital deafness in 2007.

a. Last Year's Accomplishments

In 2009, efforts were made to assure that all babies born at Belau National Hospital are screened at or prior to 1-month evaluated by 3 months and begin to receive intervention no later than 6 months of age, for those babies who are found to have congenital hearing problem. We also continued to screen for hearing problems in older children as Otitis Media is a leading cause of hearing loss in Palau. Two newborn hearing screening technicians were hired in 2009 and undergone in house trainings on ENT protocols and process. In early March 2009, a team of Audiology specialist from Tripler Hospital in Hawaii came to Palau and conducted trainings to staff and training was scheduled for August of 2009 but was cancelled due to the H1N1 epidemic. In May 2009, two staff attended audiology training in Hawaii. In house trainings for staff are ongoing and we continue to work in providing immediate interventions for those babies needing such services. With the EHDI funding from CDC, Palau is in the process of developing a data base to better monitor and track data for the newborn screening.

In 2009, there were a total of 266 out of 273 newborns screened prior to hospital discharge. Newborns that did not undergo screening prior to hospital discharge were either discharged on weekends where technicians were not in the ward or parents opted out. Efforts to correct these issues are being discussed.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Ongoing trainings conducted by Tripler Army Hospital Audiology Department				X
2. Pamphlets on newborn hearing screening developed and disseminated to parents		X		
3. Screening for older children to reduce otitis media			X	
4. Enhancement and linkage of newborn database to MCH data base				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Through funding streams from CDC EHDI and HRSA's UNHSI, FHU have been able to improve this indicator. In early 2010, a team from Tripler Hospital Audiology department conducted a two week training in Palau. Trainings of this kind has helped program in building its local capacity to become more effective in screening, identifying, and providing appropriate follow ups and interventions. Three staff which includes a school nurse, newborn screening technician, and a pediatrician attended a two week training in audiology at the Tripler Hospital. Another evaluation/training is scheduled for August. This evaluation/training would provide technical support and evaluation on intervention component of the program. FHU also solicited technical support from Tripler in helping program identify viable and less costly supplier outside of Palau that can provide hearing aide supplies and equipment calibration.

Through funding support from UNHSI, the program hired a newborn screening coordinator to oversee the screening and intervention component of the program. FHU's will also

continue to provide additional trainings for staff in areas of preventive care, follow-ups and interventions. We also plan on developing educational materials for parents. Further developments of database will continue and we foresee that this will enable us to build our capacity to better monitor this performance.

c. Plan for the Coming Year

Annual trainings through Tripler hospital will continue. Program will continue to collaborate with Tripler for trainings and technical assistance. Palau also will work with Guam CEEDRS in development of information and education materials for parents. Program will continue to work with University of Hawaii Center for Disability Studies in creating resource materials for parents. Efforts to support Palaus Parent Empowered in building and sustaining its local capacity in providing resource materials for parents and families will continue.

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	0	0	0	0	15
Annual Indicator	0	0	0	15.0	
Numerator				961	
Denominator				6411	
Data Source				2000 & 2005 Palau Census of Population	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	15	15	15	15	15

Notes - 2009

The Governement of Palau provides a nationalize preventive health services for all children in Palau under PNC34.102(t) therefore the Governement steps in and assumes the role of the primary health insurance coverage for all children. Our PRAMS Like Survey inidcates that about 15% pregnant women have insurance, however we are not sure if that coverage extend to children.

Notes - 2008

/2009/-While there is only a small proportion of Palauans who are covered with private health/medical insurance, the government heavily subsidizes health care. From pregnancy onto delivery all prenatal services are provided free of charge. Newborn Screening to FHU's well-baby services including school based health screening and intervention are also provided free of charge. Services for Children with special health care needs iare havily subsidized with minimal fee for medication ($6-$10) for perscription. Medical Home activities for CSN are also not charged. On the other hand, hospitalization is made affordable through a sliding fee and no Paluan who requires hospitalization is denied of it.

In strengthening access, the amendments introduced in the Constitution had made primary health care (as with education) as a fundamental right of every Palauan. The implementing law for it is currently being addressed. On the other hand, there is ongoing initiative in the Bureau of Public Health to adopt changes in the current public health laws to incorporate this amendment in the constitution. The Family Health Unit takes an active part in this process of change.//2010//

Notes - 2007
//2008/ - While there is only a small proportion of Palauans who are covered with private health/medical insurance, the government heavily subsidizes health care. From pregnancy onto delivery all prenatal services are provided free of charge. Newborn Screening to FHU's well-baby services including school based health screening and intervention are also provided free of charge. Services for Children with special health care needs iare havily subsidized with minimal fee for medication ($6-$10) for perscription. Medical Home activities for CSN are also not charged. On the other hand, hospitalization is made affordable through a sliding fee and no Paluan who requires hospitalization is denied of it.

In strengthening access, the amendments introduced in the Constitution had made primary health care (as with education) as a fundamental right of every Palauan. The implementing law for it is currently being addressed. On the other hand, there is ongoing initiative in the Bureau of Public Health to adopt changes in the current public health laws to incorporate this amendment in the constitution. The Family Health Unit takes an active part in this process of change.

a. Last Year's Accomplishments
Same process is reported for last year. There is no expectation for change unless the Republic of Palau amends its constitutional provision. FHU services are free. The Republic of Palau continues to subsidize 80% of health care cost.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Services provided by MCH/FHU are free of charges.				X
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
Same process as previous years.

c. Plan for the Coming Year
Same process as previous years.

Performance Measure 14: *Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective		10	8	6	95
Annual Indicator					
Numerator					
Denominator					
Data Source				FHU Client Tracking System, MOH Encounter	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes		
Is the Data Provisional or Final?				Provisional	
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	95	95	95	95	95

Notes - 2009
Palau does not have WIC, however there are efforts to collect BMI in the Well Baby Clinic.

Although, implementation of BMI in Well Baby Clinic has been discussed and approved, we are having issues relating to the collection of these BMI data. Program is currently working with clinic to address this issue.

Notes - 2008
/20010/-In 2006, Palau adopted changes to begin BMI measurements in this age group. These information are charged in the medical records, however, at this point, we have not electronically implemented collection of these indicators and therefore cannot report on it. At the same time, in the annual heath screening for children over the age of 5, BMI information are collected, analyzed, and reported. In 2008 work has began to change information collection protocols to include BMI and blood pressure data in the encounter form. The last two years, patient information in the medical chart has been changed to reflect BMI and blood pressure monitoring information. The next stage is as mentioned changes in encounter form has to be adopted so that electronic collection and monitoring can be implemented.//2010//

Notes - 2007
//2008/ - No data can be supplied in this item since Palau doesn't have a WIC program. Although Palau doesn't have the WIC program, there are several things that we do like routine care for infants and children, Well-baby clinic that are part of the WIC program.

In 2006, Palau adopted changes to begin BMI measurements in this age group. These information are charged in the medical records, however, at this point, we have not electronically implemented collection of these indicators and therefore cannot report on it. At the same time, in the annual heath screening for children over the age of 5, BMI information are collected, analyzed, and reported.

a. Last Year's Accomplishments
In 2009, although Palau doesn't have the WIC program, there are several things that we do like routine care for infants and children, Well-baby clinic that are part of the WIC program. For children under ages 2-5, BMI measurement became required in 2007 as part of charting, however it is not being captured in the encounter information and for this reason we are unable to report it.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. BMI implemented in Well Baby Clinic				X
2. BMI calculator used in MCH clinics and health screenings				X
3. Hypertension percentile incorporated with BMI				X
4. Training on BMI calculation and counseling				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

BMI is incorporated into the well baby services in the clinic and is being documented in the charts. Discussions on incorporating it in the encounter form are ongoing. BMI is also integrated into the head start screening and we continue to monitor this measurement through this health screening and during well baby clinic.

c. Plan for the Coming Year

Well baby service and health screening will continue. While we are working on incorporating BMI into the encounter forms, we plan on developing in house protocols on collecting this information at the program level while we work on incorporating it into the Public Health Encounter form.

Performance Measure 15: *Percentage of women who smoke in the last three months of pregnancy.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective		13	10	55	53
Annual Indicator		50.0	57.4		
Numerator		16	39		
Denominator		32	68		
Data Source					
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					Yes
Is the Data Provisional or Final?					Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	50	47	45	45	45

Notes - 2009

Among the mothers who were surveyed in the Palau Pregnancy Risk Assessment Surveillance System (PPRASS), there were 2 or 2.4% (n=85) who said that they were smoking in the last 3 months of their pregnancy. Moreover, 55 or 64.7% said that they were chewing betel nut with

cigarette, 5 or 5.9% were chewing betel nut without cigarette; and 23 or 27.1% were not using any tobacco product in the last 3 months of their pregnancy.

Notes - 2008
/2009/ We are reporting information for 2007 PRAMS-like Survey. Ammendments to the instrument have been adopted to specifically ask this question.//2010//

Notes - 2007
//2008/ - If we take into account mothers who gave birth in 2007, only 68 of them were interviewed (PRAMS-like Survey) from a total of 279 mothers who had live births. Of these, 57.4% (39/68) continued to smoke during the period of pregnancy. This is higher than in 2006 at 50.0% (16/32 [1 missing data]) and lower in 2005 at 66.7% (42/63 [2 missing data]).

In years 2007, there were 68 mothers who were interviewed at post-natal phase (generally after six months from delivery). A face to face interview was done using the PRAMS-like Survey Interview Schedule. About 66.2% (43/65 [1 missing data]) smoked cigarette in the past twelve months prior to pregnancy. When probed further whether the smokers/chewers change the frequency of cigarette use during their most recent pregnancy, 57.4% (39/68) continued smoking. Among mothers who smoked, 5.9% (4/68) quit from smoking cigarette during their most recent pregnancy. On the other hand, a large proportion of those who continue to smoke decreased (60.5%) maintained (20.9%) or increased (9.3%) their frequency of smoking. In years 2007, the proportion of mothers (57.4%) who continued to smoke is less compared with 2005-2006 at 61.1% but more compared with 2003-2004 at 55.5%.

During the pre-natal visits, cessation of cigarette use either by smoking or chewing betel with cigarette is an important component of the counseling. This area requires an intensive and innovative strategy to curb the problem of cigarette use during pregnancy.

a. Last Year's Accomplishments
: In 2009, we continue to monitor this performance measure in the Palau Prams-like survey. Although the percentage is still very high, there is a slight decrease since we began monitoring it in 2004. In 2009, the nurses and social workers in the clinic began to conduct this survey as a means to improve client participation. Through collaboration with our Behavioral Health Department, we now provide interventions for pregnant women who smoke. Pregnant women who smokes are provided individual counseling and are followed up during their pregnancy. In addition, health education on tobacco has been integrated into pregnancy clinics.
Among the mothers who were surveyed in the Palau Pregnancy Risk Assessment Surveillance System (PPRASS), there were 2 or 2.4% (n=85) who said that they were smoking in the last 3 months of their pregnancy. Moreover, 55 or 64.7% said that they were chewing betel nut with cigarette, 5 or 5.9% were chewing betel nut without cigarette; and 23 or 27.1% were not using any tobacco product in the last 3 months of their pregnancy.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Tobacco counseling and health education in prenatal clinics.				X
2. Tobacco education and counseling included in home visitations and follow up care		X		
3. Collaboration with Behavioral Health in providing tobacco education and counseling				X
4.				
5.				
6.				

7.				
8.				
9.				
10.				

b. Current Activities
We will continue to work to increase our collaborative efforts with Behavioral Health Department in monitoring this measurement. Additional trainings will be provided to staff in areas of interventions. FHU Hired a High Risk Case Coordinator to work also with pregnant mothers who have behavioral risk factors that may influence birth outcome. As part of the psychosocial assessment of pregnant women, questions relating to use of tobacco is being asked to all pregnant women receiving care. Women using tobacco are provided counseling and health education and are followed up through the home visiting outreach.

c. Plan for the Coming Year
FHU will provide more trainings to providers on counseling for tobacco use. Program will continue to work with Behavioral Health in refining referral process and strengthening cessation program to include service to pregnant women. Increase number of home visitation and health education and campaign on tobacco prevention. Strengthen case management initiatives for pregnant women to increase number of women receiving counseling on tobacco use.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	0	0	0	0	0
Annual Indicator	68.4				
Numerator	1				
Denominator	1462	1474	1486	1486	1509
Data Source				Bureau of Public Health Epidemiology	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	Yes
Is the Data Provisional or Final?				Final	Final
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	0	0	0	0	0

Notes - 2009
In 2009, there was one suicide death committed by a 16-year old male.

Notes - 2008

/2010/- In 2008, out of 1486 children in this age group, there was one 19 year old youth who died fom suicide. There were also two other suicide deaths, one to a 14 year old male and a 21 year old female.//2010//

Notes - 2007
//2008/ - In its committment to address psychosocial issues that leads to suicide of young people, Palau, through FHU's school-based health screening and intervention monitors risk factors for suicide. Among the screening questions pertain to depression, traumatic experiences, suicide ideation and suicide attempt including access to counselor or therapist. If students are known to have any psycho-social problems, the Public Health Social Workers initiate counseling or make referral to appropriate units like the Behavioral Health or School Health Clinic. On the other hand, the Ministry of Education also conducts the Youth Risk Behavior Survey every two years that also deals on psychosocial issues similar to the School Health Screening Program. Both the School Health Screening and the YRBS also helped program implementers in designing strategies and activities to respond to the problems of the youth.

In the 2007 School Health Screening, 7.7 % of children reported to have suicide ideation and 32% of those who had ideation have attempted suicide. Interventions either through on-site and follow-up from school health program and through referrals were done.

In 2007, there was one case of suicide who was a 14-year old female.

a. Last Year's Accomplishments
In 2009 there was one case of suicide for age group 15-19 years. FHU through the annual school health screening continues to screen, identify, and provide immediate interventions for adolescents who are at risk of suicide. Interventions addressing this measure are coordinated through the adolescent health program at the school health clinic. In house trainings for counselors and other service providers are ongoing and trainings are also extended to our outside partners. In 2009 we worked with the Ministry of Education and all private schools in providing health education on suicide prevention. We also conducted counseling skill trainings for teachers and school personnel in suicide prevention through the annual health and PE teachers training. These trainings aimed at training teachers in recognizing potential signs of suicide and providing immediate intervention In addition to this, we worked with our NGO partners doing community talks on the issue of suicide. The annual Health and PE teachers' workshop continues to be a venue for building capacity in the schools to address this measure through trainings of teachers and support in the development of educational materials to supplement classroom instructions. FHU in collaboration with the Ministry of Education worked with Ngardmau Elementary School in strengthening its suicide prevention initiative. This initiative combines life skill teachings into daily classroom activities with the intent to build resiliency among children and preventing suicide.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Health Screening and intervention that identifies children in need of counseling			X	
2. Adolescent Health Collaborative forums and meetings				X
3. Annual Health and PE teachers training				X
4. Health education in clinics				X
5. Providers training on counseling and intervention				X
6.				
7.				
8.				
9.				

10.				

b. Current Activities
The 2009 services are ongoing for this year. FHU continues to work with its collaborative partners and the schools in developing educational strategies and providing trainings on how to effectively work with adolescents in preventing suicide. FHU through the annual Health and PE workshop continues to support schools in developing health initiatives that address this measure. FHU continues to support Ngardmau Elementary School Suicide Prevention initiative in addressing suicide at the primary school age level. This initiative aim at preventing suicide by incorporating activities that promotes positive self esteem and positive peer pressure into daily instructions. FHU also works with other school initiatives in strengthening their capacity to effectively address issues relating to depression and suicide.

c. Plan for the Coming Year
Ongoing service will continue. Through meetings with collaborative partners, FHU will conduct parental trainings in areas related to this measure in the coming year. Discussions on the specifics of trainings are ongoing. The primary purpose of these trainings is to strengthen family links and improve parental involvements.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	
Numerator	0	0	0	0	
Denominator	317	259	279	295	
Data Source				MOH MIS	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					Yes
Is the Data Provisional or Final?				Provisional	
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	0	0	0	0	0

Notes - 2009
There were 2 very low birth weight infants in 2009. 1 baby that weighed 964 grams died at 1 day old and the other baby that weighed 1276 grams survived.

Notes - 2008
/2009/- There were no VLBW infants born in Palau for this reporting year.There has been a trend over the last several years of no VLBW.//2010//

Notes - 2007
//2008/ - Palau has no Level III facility. The Belau National Hospital, the biggest hospital in the republic, does not have a Neonatal Intensive Care Unit for babies with very low birth weight or complications. Generally, the newborns are taken cared of at the Nursery which is able to respond to general care for neonates. While the facility is not equipped to respond to newborns

weighing less than 1,500 grams, historically the hospital is able to care and support for babies weighing less than 1500 grams and those with some complications.

In the 2007 calendar year, one (1) baby was born weighing 1,500 grams and less (Very Low Birth Weight). About 8.6% (24/279) of live births are classified as Low Birth Weight or weighing 1500 – 2500 grams. One other mother who had a historical pattern of high risk was sent to the Philippines to birth her baby. The baby was born in November 2007 and remained in the hospital for 4 months prior to coming to Palau.

a. Last Year's Accomplishments
There were two infants who were born in year 2009 who had very low birth weight. One baby survived and the other died at one day old. Efforts to increase capacity are ongoing. Program upgrade neonatal basic equipment and tools such as incubators, infant monitors, and bilirubin lights/blankets as we are seeing increase in numbers of jaundice in newborns. Home visitations for high risk mom are ongoing. Nutritionist and case manager, and a nurse conducts home visits to provide counseling in various areas of health including, nutrition, physical activity, substance use, and behavioral counseling.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Continue to provide neonatal care for all newborns at the level of care at the Belau National Hospital.		X		
2. Case management follow up and home visitations		X		
3. Nutrition and weight management counseling including education on substance use.		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
Services are ongoing. FHU increased number of home visits for pregnant women and expand scope of counseling and health education provided through the home visitation. Ongoing discussions on public education and mass campaign on preconception health education.

c. Plan for the Coming Year
FHU continue to work on strengthening health educations for pregnant mothers and women of child bearing age. There are ongoing discussions on the possibility of forming support groups for pregnant women and strengthening interventions that includes home follow ups and intensive case management for high risk pregnant women. FHU will continue to work with CAP in expanding media campaign and promoting preconception care. Program continues to collaborate with NGO's to promote healthy lifestyle for women of reproductive age group.

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance	**2005**	**2006**	**2007**	**2008**	**2009**

Data					
Annual Performance Objective	37	45	52	36	56
Annual Indicator	61.2	25.5	33.3	55.3	44.0
Numerator	194	66	93	163	120
Denominator	317	259	279	295	273
Data Source				FHU Client Information System	FHU Client Information System
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	57	57	58	58	58

Notes - 2008
/2009/-Refer to HSCI 05 C.//2010//

Notes - 2007
//2008/ - Of the 279 live infants born to mothers in 2007, 33.3% (n=93) had their first prenatal visits during the first trimester. About 4.3% (n=12) had no records of prenatal visits in the Encounter Forms. This data is taken from the Prenatal Registry at the Medical Records and the Encounter Forms. At the same time, we had 3 moms who gave births without prenatal care and accessed birthing/delivery services through emergency room. An issue of hospital cost is appearing to be a barrier to proper care for pregnant women and this may have an impact of the health of the mother and the baby.

a. Last Year's Accomplishments
There were a total of 120 infants born to mothers receiving prenatal care in the first trimester in year 2009. FHU continued to work with community NGO's in promoting early prenatal care and promotion of preconception care.

Table 4a, National Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Prenatal education in FHU community engagement.				X
2. Parental education through ECCS Collaborative Committee				X
3. Case management and follow up intervention through home visitations and outreach activities.		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

FHU continued its ongoing services and continually promote early prenatal care. Meetings with ECCS collaborative committee in discussions of activities promoting early pregnancy care are ongoing.

c. Plan for the Coming Year
Increase and improve media activities in promotion of preconception care. Work with family planning to devise strategies to promote preconception care. FHU to also work with womens group in promotion of preconception health and identifying possible ways for increasing number of women receiving prenatal care during first trimester.We will continue to work to improve and monitor this process. We continue to work with our HIS department in enhancing the system to better record this information.

D. State Performance Measures

State Performance Measure 1: *Percent of 0-2 years of age who test positive for hearing defects that receive further evaluation and treatment*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective		100	100	0	0
Annual Indicator		0.0	4.4	0.0	0.0
Numerator		0	1	0	0
Denominator		130	227	251	266
Data Source				Newborn Screening Tracking System	Newborn Screening Tracking System
Is the Data Provisional or Final?				Provisional	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	0	0	0	0	

Notes - 2009
Among the 273 live births in 2009, 266 or 97.4% underwent hearing screening.

Notes - 2007
//2008/ - In 2007, there 31 newborns who failed the initial screening, however, when re-screened at 2 weeks and 3 months, all these newborns passed OAE and/or ABR.

We conducted a regional training on newborn hearing screening. Our counterparts from the 3 jurisdictions, RMI, FSM and Palau participated in this training. In the training we went over the etiology of hearing problems in the pacific and how Micronesia (Palau, FSM and RMI) compare to other pacific islands. We also introduced participants to the hearing screening equipment in Palau and they went through the process of using the equipment on newborns.

a. Last Year's Accomplishments
In 2009, efforts were made to assure that all babies born at Belau National Hospital are screened at or prior to 1-month evaluated by 3 months and begin to receive intervention no later than 6 months of age, for those babies who are found to have congenital hearing problem. We also continued to screen for hearing problems in older children as Otitis Media is a leading cause of hearing loss in Palau. Two newborn hearing screening technicians were hired in 2009 and

undergone in house trainings on ENT protocols and process. In early March 2009, a team of Audiology specialist from Tripler Hospital in Hawaii came to Palau and conducted trainings to staff and training was scheduled for August of 2009 but was cancelled due to the H1N1 epidemic. In May 2009, two staff attended audiology training in Hawaii. In house trainings for staff are ongoing and we continue to work in providing immediate interventions for those babies needing such services. With the EHDI funding from CDC, Palau is in the process of developing a data base to better monitor and track data for the newborn screening.
In 2009, there were a total of 266 out of 273 newborns screened prior to hospital discharge. Newborns that did not undergo screening prior to hospital discharge were either discharged on weekends where technicians were not in the ward or parents opted out. Efforts to correct these issues are being discussed.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Ongoing trainings conducted by Tripler Army Hospital Audiology Department				X
2. Pamphlets on newborn hearing screening developed and disseminated to parents.		X		
3. Screening for older children to reduce otitis media			X	
4. Enhancement and linkage of newborn database to MCH data base				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
Through funding streams from CDC EHDI and HRSA's UNHSI, FHU have been able to improve this indicator. In early 2010, a team from Tripler Hospital Audiology department conducted a two week clinical training in Palau. Trainings of this kind has helped program in building its local capacity to become more effective in screening, identifying, and providing appropriate follow ups and interventions. Three staff which includes school nurse, newborn screening technician, and a pediatrician attended two week training in audiology at the Tripler Hospital. Another evaluation/training is scheduled for August. This evaluation/training would provide technical support and evaluation on intervention component of the program. FHU also solicited technical support from Tripler in helping program identify viable and less costly supplier outside of Palau that can provide hearing aide supplies and equipment calibration.
Through funding support from UNHSI, the program hired a newborn screening coordinator to oversee the screening and intervention component of the program. FHU's will also continue to provide additional trainings for staff in areas of clinical care, follow-ups and interventions. We also plan on developing educational materials for parents. Further developments of database will continue and we foresee that this will enable us to build our capacity to better monitor this performance.

c. Plan for the Coming Year
Program will continue to provide ongoing trainings for staff in areas of screening and timely-follow up intervention. We will continue work with Tripler in ensuring that trainings are ongoing. As part of quality assurance, the program continues to assess and evaluate hearing screening data for newborn and children to identify potential risk factors that needs to be addressed. Work relating

to data collection and system enhancement continues. We will continue to participate in national meetings and trainings aimed at advancing newborn screening programs. Efforts to develop educational materials for parents and providers will continue and program continues to work with community NGO's such as Palaus' Parent Empowered and Head Start Council in efforts to provide resource materials for parents and caregivers.

The Republic of Palau Title V MCH program is dropping this performance measure from its state priorities.

State Performance Measure 2: *Percentage of newborns screened positive for genetic disorder who receive further evaluation and treatment*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective		100	100	100	100
Annual Indicator		0	0	0	0.0
Numerator					0
Denominator					151
Data Source				Newborn Screening Tracking System	Newborn Screening Tracking System
Is the Data Provisional or Final?				Provisional	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	100	100	100	100	

Notes - 2008
/2009/ - In 2008 we began screening for genetic/metabolic disorder for 5 congenital disorders. Since then, no child have been identified to have any of the 5 disorders.//2010//

Notes - 2007
//2008/ - In 2007-2008 we had to set-up a system in place for implementation of this screening program. Included in this system set-up, was to assure that we comply with IATA regulations on air shipment of biological products. We also trained our staff in the blood spot collection process, drying and packaging for air shipment. We have also contracted with DHL as the air courier for the blood spots and by June 15, 2008, Palau will begin screening for 5 congenital genetic disorders.

a. Last Year's Accomplishments
Newborn metabolic screening is an essential preventive measure that assures that babies born with or are at risk of genetic disorder are provided with appropriate and timely follow up care to prevent lifelong threatening health problems. Palau's Newborn Screening Program is housed under Family Health Unit. Since its full inception in 2008 when the program began collecting specimen and sending them to the University of Philippines for testing, the program has worked with in house providers and staff to strengthen its internal capacity and assure that newborn babies are screened prior to hospital discharge. Two newborn screening technicians were hired in year 2009 to work with clinicians and lab technicians in collecting and packaging specimen to be sent off island. These two staff had undergone trainings on process and protocols and continues to work in the clinic as part of their ongoing trainings. The staffs have also been trained to collect and enter data into data base. A brochure for families/parents of newborn that went through screening was developed last year and distributed to parents. In 2009, a total of 151 newborn babies underwent genetic screening. These babies were born between the months of

January through August 2009. Screening ceased temporarily due to unavailability of testing kits. Because of the limited number of local medical suppliers /vendors, the program at times have to purchase supplies from vendors outside of Palau and this process often takes time. Screening resumed in January 2010. There were no positive screened newborn in 2009.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Ongoing trainings on screening protocols and quality assurance for staff.				X
2. Brochure/pamphlet for parents developed and disseminated to parents.		X		
3. Ongoing discussions regarding development of certification process for newborn screening technicians				X
4. Ongoing discussions with College of Health through Palau Community College for trainings and CE's on newborn screening.				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Family Health Unit continues to work in ensuring that all newborn babies are screened prior to hospital discharge. Ongoing in house trainings for staff development in areas of quality assurance and protocols continues. Program works closely with the local hospital lab to ensure availability of needed supplies. Program also maintains ongoing communication with courier and University of Philippine to assure that specimen are received in a timely manner and results are reported to program. Program is working with Public Health Information System and MOH IT in improving its data collection capacity and integrating and linking newborn data base

c. Plan for the Coming Year

Ongoing trainings will continue for next year. Staff will be provided with trainings that focus on screening process and timely follow up and appropriate interventions for positive results. In addition staff will undergo further training on data collection and monitoring. Program will continue to work with other areas in hospital in refining process involving purchasing and maintenance of supplies. We will also continue to work with hospital lab to ensure specimens are collected and send out in a timely manner. We will also be developing information for the media and other health education materials for parents and families. Education materials will be translated into other language materials will also be developed specifically for hospital providers. We will continue to work in developing and enhancing our data base to capture information collected. Program will work to develop an integrated database that links newborn screening data base to other MCH database and centralizing data into a centralized data base. This will include integration of newborn screening data to MCH data base and linking birth certificate registry, death certificate, and immunization data into one centralized unit connecting to the main Public Health Information system. Program will work with Human Resource in establishing and refining certification process for newborn screening technicians. Plans to offer trainings and CE's on newborn genetic screening will be discussed with College of Health through the local community college.

The Republic of Palau Title V MCH program is dropping this performance measure from its state priorities.

State Performance Measure 3: *Percent of adults women of reproductive age group whose BMI is over 27 are identified and provided on-site education and referred for weight management program.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective		60	65	70	75
Annual Indicator		0	0	0	
Numerator					
Denominator					
Data Source				FHU Client Information System	
Is the Data Provisional or Final?				Provisional	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	80	85	90	90	

Notes - 2009
Among the mothers who delivered in 2009, 105 (38.5% or 105/273) had pre pregnancy BMI of over 27.

The PPRASS shows that 26% (61/61) of those who were surveyed had pre pregnancy BMI of over 27.

Notes - 2008
/2009/ - In 2008, FHU have proposed changes in the patient encounter form so that BMI information can be collected electronically. The information are collected in the patient's chart, however, electronic collection have not been successful. The reason why this should be monitored is to use it as an indication that MOH will need to adopt changes in its wellness services. Also over time, we will be able to see how BMI changes will implementation of evidence based intervention.//2010//

Notes - 2007
//2008/ - Starting this year (2007), process and forms are being put in place to get the BMI of women in reproductive age. Thus, we could not report any data on the weight of women in reproductive age at this time. However, it is worth to mention that there is heightened information and education campaign in terms of weight reduction, proper diet and exercise. This was primarily brought about by the World Health Organization's finding that Palau is one of the countries with high obesity. This is an initiative that FHU and community advocacy program will partner to establish in 2009.

a. Last Year's Accomplishments
Last Year: We worked with other programs in the Ministry of Health to commonly use BMI as standard measurement. By next year, we will work to establish common collection of BMI information so that we can begin to report on an annual basis. One such way that we can establish common collection of this data is further develop capabilities of the "Palau BMI Calculator" that was established and used since 2007. We have established a working relationship with the Palau National Olympic Committee and we began working to implement initiatives targeting obesity. These initiatives are designed to engage teachers and school staff in routine physical activity that emphasizes on fitness rather than competitive sports alone. Another community initiative that is coordinated and supported by FHU is the Ngarchelong Community

Initiative on Physical Activity. This is a physical activity initiative that involves parents, children, and community members. Families design and carry out their weekly exercise activity. The exercise varies from week to week and includes aerobics, swimming, walking, yoga, and others. BMI measurements are monitored and recorded every three months.
Among mothers who delivered in 2009, 105 or 38.5% had pre-pregnancy BMI over 27. The PPRAS shows that 26% of those who were surveyed had pre-pregnancy BMI over 27.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. BMI Measurement in FHU Clinics				X
2. BMI Measurement in adolescent through the school health screening			X	
3. BMI Trainings through Health and PE Teacher's training				X
4. Wellness Clinic collect BMI data on parents				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
We continue to provide trainings on BMI measurement. We will work with other public health programs in integrating BMI measurement in other public health clinics. We will also work with other communities in Palau in implementing physical activity initiatives to further develop our capacity to monitor BMI for women of reproductive age group. We will also work in amending the encounter form to capture information on BMI and blood pressure. The Wellness Clinic opened early this year and staff began an initiative in collecting BMI and providing educational information on nutrition and physical activities to parents who bring their children to the clinic for follow up appointments. The clinic also began to offer aerobic exercises three times a week and walking exercise two times a week.

c. Plan for the Coming Year
Ongoing services will continue. We will work with other Public Health Programs in ensuring that BMI is fully implemented in other PH clinics and the dispensaries. We will also work with the schools in integrating BMI activities into their school health activities. We will work to broaden the scope of services in our Wellness Clinic to cover areas relating to preconception health which will include activities relating to BMI.
The Republic of Palau Title V MCH is retaining this performance measure for the next five years.

State Performance Measure 4: *Percent of children in 1st to 12th grade who receive annual health screening*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective		60	70	80	90
Annual Indicator	51	52.6	68.7	71.2	79.4

Numerator		1131	1365	1307	1490
Denominator		2150	1987	1836	1876
Data Source				School Health Screening Database	School Health Screening Database
Is the Data Provisional or Final?				Provisional	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	100	100	100	100	

Notes - 2008
/2009/ - In 2008, the coverage for health screening of all students in 1st, 3rd, 5th, 7th, 9th, 11th grades was 71%. The denominator reflect school enrollment for these grades. FHU/School Health continues to provide follow up care and interventions in the schools. Adolescent Collaborative group met earlier in 2008 to discuss the upcoming 2008-2009 school year and discussions on enhancement of current system of care is ongoing. With the addition of one social worker/counselor to the PE team, all public health social workers are assigned to all schools. Schools to identify staff to be the focal point of contact where social workers can communicate on a regular basis with. This process will ensure that all services to schools are well coordinated on a timely basis. Annual training focusing on interviewing skills and data collections of screening information are ongoing. A BMI calculator and software measuring hypertension stages was developed at end of last year and will be utilized this coming school year screening.//2010//

Notes - 2007
//2008/ - In 2007, for Family Health Unit/MCH, an annual school health screening is done. In 2005, it covered all grade levels. In 2007 those who were screened were 1st, 3rd, 5th, 7th, 9th and 11th grade levels only. In this reproductive health to 238 students; General Hygiene to 804 students, Alcohol, Tobacco and other Drugs to 450 students and education on screening, 1365 (68.7%) students were screened for health, psycho-social and substance abuse. At that particular period, there were a total of 3975 students in Palau in the odd grade levels. Primarily, this screening intends to identify those with health and psychosocial problems and provide immediate care or referral to appropriate agencies. With the results of the screening, the FHU/MCH was able to provide education on nutrition and physical activities to 841 students; Bullying to 445 students. Individual counseling was also given to 149 individuals. Also, 1209 students were referred to different health units at the National Belau Hospital for further diagnosis and management.

The denominator is a projected enrollment population for the grades screened in 2007.

The denominator for 2006 was edited to reflect population for the grades screened.

a. Last Year's Accomplishments
FHU/School Health continues to provide follow up care and interventions in the schools. The Adolescent Collaborative group held series of meetings in 2009 to discuss 2009-2010 school year and enhancement of current system of care. Through these discussions, a referral tool was developed to assist schools in better identifying and referring students requiring services. With the addition of one social worker/counselor to the PE team, all public health social workers are assigned to all schools. Schools to identify staff to be the focal point of contact where social workers can communicate on a regular basis with. This process will ensure that all services to schools are well coordinated on a timely basis. Annual training focusing on interviewing skills and data collections of screening information are ongoing. A BMI calculator and software measuring hypertension stages was developed at end of last year and will be utilized this coming school year screening. In 2009, there were a total of 1490 students screened.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Health screening for all odd grades in public and private schools			X	
2. Case management and intervention provided		X		
3. Training for Health and PE Teachers				X
4. Staff development trainings				X
5. Health initiatives in schools				X
6. Adolescent Health Collaborative				X
7.				
8.				
9.				
10.				

b. Current Activities

Head Start Screening is integrated with the regular school health screening. Head Start is working with FHU in revising PE form. Annual School Screening will continue to cover odd grades 1, 3, 5, 7, 9, 11th. Discussion on developing and integrating various screening tools measuring specific psychosocial issues are ongoing. Tools will be developed and used in the upcoming school year. A new data system capturing intervention and prevention activities have been developed and is being utilized this year to capture all intervention and prevention activities relating to the school health screening. Ongoing trainings for clinicians and social workers and staff involve in the school health screening will continue. Such trainings will focus on interviewing skills and data collection techniques. Trainings on immediate interventions on screening site are also provided to service providers. Through collaborative work with faith based organizations, FHU will open an Adolescent Health Support Service clinic at one of the catholic high school and this will provide better accessibility and availability of services for the catholic missions' schools.

c. Plan for the Coming Year

Program continues to provide screening and intervention to school age children. We will work on improving our early identification, referral and intervention system. Efforts to refine and monitor our data collection process will continue. We will continue to work with the schools and NGO's in building capacity to address issues that come out of the school screening. The Adolescent Collaborative Committee will continue to work with each school in strengthening health activities in the schools. Program continues to work with committee in monitoring activities and providing appropriate trainings design to enhance provider's skill and knowledge in counseling children and adolescents.

The Republic of Palau Title V MCH is retaining this performance measure for the next five years.

State Performance Measure 5: *The rate of depression for adolescents ages 11 - 19.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Performance Objective		13	11	60	55
Annual Indicator	149.9	77.8	65.6		
Numerator	365	88	46		
Denominator	2435	1131	701		
Data Source					
Is the Data Provisional or Final?				Provisional	
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	50	45	40	40	

Notes - 2009
There were 29 or 3.7% (n=787) of the students aged 11-19 years old who were interviewed during the School Health Screening and who admitted to have been sad for 2 or more weeks at a time, lost interest playing with friends, felt helpless and hopeless.

Among the high school students who participated in the Youth Behavioral Risk Survey, 178 or 31.9% (n=558) affirmed that they felt so sad or hopeless almost everyday for two weeks or more in a row that they stopped doing some usual activities. Ages for this students are =13 years old.

Notes - 2008
/2009/ - In 2008, Last Year: FHU continued to collaborate with its community partners in providing trainings and health education to help teens learn effective ways of coping with depression. Topics varies and includes relaxation exercises, social skills (problem solving skill, decision making skill, peer pressure, goal setting, stress management, communication, peer pressure, and self esteem. FHU also provided trainings to teachers and parents in recognizing depression and how to help children deal with depression. These trainings were provided in schools and during PTA's. We also worked with summer camp mentors in designing activities that incorporates life skill techniques into daily activities of camps. We continued to provide immediate interventions to children who needed such services and work closely with the schools and parents in addressing this measurement. FHU continues to work with the schools in improving our referral process to ensure that children who are depressed are provided with immediate interventions as needed.//2010//

Notes - 2007
//2008/ - In 2007, The School Health Screening showed that 41 per 1000 children (n=55) felt depressed out of 1349 that answered the question. For the group of 11-19, the rate of depression is more prominent than the pre-adolescent age.

a. Last Year's Accomplishments
FHU continued to collaborate with its community partners in providing trainings and health education to help teens learn effective ways of coping with depression. Topics varies and includes relaxation exercises, social skills (problem solving skill, decision making skill, peer pressure, goal setting, stress management, communication, peer pressure, and self esteem. FHU also provided trainings to teachers and parents in recognizing depression and how to help children deal with depression. These trainings were provided in schools and during PTA's. We also worked with summer camp mentors in designing activities that incorporates life skill techniques into daily activities of camps. We continued to provide immediate interventions to children who needed such services and work closely with the schools and parents in addressing this measurement. FHU continues to work with the schools in improving our referral process to ensure that children who are depressed are provided with immediate interventions as needed. The 2009 YRBS reported that 31.9% of children surveyed reported being sad or hopeless for two weeks. The School Health Screening report that only 2.7% of children screened reported to be and/hopeless in the last two weeks.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Screening, referral, and intervention for children and adolescent			X	
2. Counseling for children and families.		X		
3. Health education in schools		X		
4. Summer Camp				X
5. Teachers training on skill building				X

6.				
7.				
8.				
9.				
10.				

b. Current Activities

FHU continues to conduct trainings for teachers and service providers to better understand and work effectively in addressing this issue. Trainings provided focuses on reducing the level of conflict between parents and teenagers by teaching effective communication and problem-solving skills. Counseling trainings for teachers and school staff that focuses on how to recognize symptoms of depression and ways to help children cope with depression.
Plan for next year: Program continues to work with Schools in improving early identification and intervention process. Ongoing teachers and providers training in areas of counseling will be offered. Program continues to work with faith-base and other community NGO's in supporting and expanding their youth activities that promotes resiliency. Program continues to work with Ministry of Education in assessing YRBS and School Health Screening data to better understand this performance.

The Republic of Palau Title V MCH program will change this measurement to reduce rate of suicide ideation for adolescents 11-19.

c. Plan for the Coming Year

Program continues providing services and trainings for providers. Trainings will be offer to parents and community members.

State Performance Measure 6: *The percentage of children and adolescents ages 18 and under who report using (smoke and/or chew) tobacco products in the past 30 days.*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective		39	37	35	33
Annual Indicator	41	25.8		46.1	
Numerator		292		602	
Denominator		1131		1307	
Data Source				School Health Screening Database	
Is the Data Provisional or Final?				Provisional	
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	31	29	28	25	

Notes - 2009

In the school health screening, there were 271 or 18.5% (n=1468) of the students aged =18 years old who said that they used nicotine through either smoking or chewing tobacco.

In the YRBS for high school and middle school, a total of 634 students or 53.5% (n=1186) have admitted to use tobacco products. Questions in the survey were: a) During the past 30 days, on how many days did you smoke cigarettes; and b) During the past 30 days, on how many days did you use chewing tobacco, snuff, or dip, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen. Responses of 1 to 30 days were scored to be using Nicotine.

Notes - 2008
/2010/-Substance use including Tobacco is part of the School Health Screening. Children who are substance users are provided targeted individual counseling and group therapy which are conducted at schools and school clinics. Health education focusing on tobacco prevention in the schools and the cessation programs and life skill curriculum are provided in collaboration with STUN. FHU in collaboration with Behavioral Health Department provided training to service providers on cessation program at school. FHU also worked with teachers and parents, SIG, NCD and Community Coalition against Substance Use to expand community presence on substance use and tobacco cessation.//2010//

Notes - 2007
//2008/ - In 2007, we are reporting information from the 2007 YRBS. This percentage is pre-calculated and therefore, we do not have numbers for the numerator and the denominator. The trend of tobacco use in this population has been consistent for about 10 years now. Even with this pattern, there is a slight decrease from 2006.

a. Last Year's Accomplishments
In January 2009, School Health program began initial pilot of Cessation at School Health including the implementation of relapse prevention program. The cessation program incorporates life skill sessions that teaches students coping skills as well as refusal skills. We will also work with STUN on Youth Tobacco Survey to continue prevention and intervention services in the schools. We will develop initiatives/activities focusing on refusal skills, self esteem, problem solving, coping skills. Another initiative for next year is to work with school PTA's in strengthening prevention and intervention services in the schools and including training of student peer mentors on delivering prevention messages in the schools.
The 2009 School health Screening indicates that 18.6% of children 18 and under screened reported using tobacco products. YRBS 2009 report that 53.5% of children surveyed reported using tobacco products in the past 30 days.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. School Screening identifies tobacco users			X	
2. School Cessation Program		X		
3. Health education in Schools		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
Substance use including Tobacco is part of the School Health Screening. Children who are substance users are provided targeted individual counseling and group therapy which are conducted at schools and school clinics. Health education focusing on tobacco prevention in the schools and the cessation programs and life skill curriculum are provided in collaboration with Behavioral Health. FHU in collaboration with Behavioral Health Department provided training to service providers on cessation program at school. FHU also worked with teachers and parents, SIG, NCD and Community Coalition against Substance Use to expand community presence on substance use and tobacco cessation.

c. Plan for the Coming Year
Strengthen cessation program and substance abuse health education in the school settings. Continue to work with MOJ and Ministry of Education and private schools in supporting activities targeting tobacco use. Work with school PTA in designing activities that involve parents in prevention of tobacco use.

The Republic of Palau Title V MCH program will retain this performance measure for the next five years.

State Performance Measure 7: *Percent of pregnant women entering prenatal care in the first trimester*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective		67	72	36	39
Annual Indicator	62	25.5	33.3	42.4	44.0
Numerator		66	93	125	120
Denominator		259	279	295	273
Data Source				FHU Client Information System	FHU Client Information System
Is the Data Provisional or Final?				Provisional	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	42	45	48	50	

Notes - 2008
/2009/-We have been researching in the WHO website to further increase our knowledge on this measure. Because of changing requirement for the Pacific jurisdictions, we will be using this requirement as a baseline for data calculation. However, we will continue to calculate the Kotelchuck Index as a comparative reference. FHU continued to conduct community awareness on this measurement through ECCS.//2010//

Notes - 2007
//2008/ - In 2007, First trimester initiation of prenatal care accounted 33.3% (n=93) of the 279 women who gave birth. The trend in this measure has been consistently low despite extensive community work to improve it and because of this trend, we have revised our next 5-year performance objective to reflect this low performance.

a. Last Year's Accomplishments
We have been researching in the WHO website to further increase our knowledge on this measure. Because of changing requirement for the Pacific jurisdictions, we will be using this requirement as a baseline for data calculation. However, we will continue to calculate the Kotelchuck Index as a comparative reference. FHU continued to conduct community awareness on this measurement through ECCS.
In 2009, a total of 120 pregnant women received prenatal care during their first trimester.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**

1. Prenatal education in FHU community engagement				X
2. Parental education through ECCS Collaborative Committee		X		
3. Case management and follow up intervention through home visitations and outreach activities		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities
We continue with the activities in 2009 reporting year, We continue to increase our community engagements in addressing this issue. Efforts to provide preconception health education in the communities with our community partners continue.

c. Plan for the Coming Year
Work with CAP in developing and disseminating educational brochures and pamphlets on preconception care. Program to work with women's' group in promoting preconception health in the community. Integrate preconception counseling in Family Planning Program. Provide preconception counseling at Wellness Clinic as part of Gender Health.
The Republic of Palau Title X MCH program will retain this measurement for the next five years.

State Performance Measure 8: *Percent of Pre-term delivery*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective		6	5	4	3
Annual Indicator	7.5	10.8	9.0	8.5	
Numerator	24	25	25	25	
Denominator	319	231	279	295	
Data Source				MOHMIS/Birth Certificates	
Is the Data Provisional or Final?				Provisional	
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	2	2	2	2	

Notes - 2009
Among the 30 pre-term deliveries in 2009, 14 or 46.7% were considered risky pregnancy by virtue of age (<20 or =35 years old) of the mothers.

Notes - 2007
//2008/ - In 2007, there were 8.6% (n=25) of mothers who gave birth less than 37 weeks AOG and 91.4% gave birth at 37 weeks AOG or more. Prematurity increases neonatal mortality. Thus, the direction to reverse the high premature delivery is intended to have better neonatal and also maternal outcomes. At the same time, a focus on the prematurity will bring about review more frequently than the maternal mortality review which Palau has never had since no maternal death has occurred in the recent past.

a. Last Year's Accomplishments

We provided Tobacco Use Cessation and Psychosocial counseling and intervention in the prenatal clinic. Follow-up care for high risk moms is also part of our clinic activities. Our continued concerns despite of these activities are that the Palau PRAMS-like survey continues to show a high rate of Tobacco use during pregnancy. Psychosocial issues during pregnancy also show about 10% rate last year. We do not know, at this time, whether or not these two factors have an influence in our population of pregnant women in relation to preterm births.

In 2009, there were 30 pre-term deliveries. This number is an increase from last year. Program hired a case coordinator for high risk cases this year. The coordinator worked with clinic staff, physicians, nutritionist in providing comprehensive case management services to all high risk pregnant women.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. Provided counseling and tobacco use cessation in the prenatal clinic, home visitation and referrals especially in the prenatal high risk clinics.		X		
2. Nutrition and BMI counseling and health education in the clinics and through outreach activities including home visitations		X		
3. Quality assurance and chart audit to monitor process and system				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

FHU continues to provide services. This year through collaboration with Behavioral Health Department we worked to increase interventions targeting tobacco use and other psychosocial issues. Health education on nutrition and weight management continues to be part of the clinic services.

c. Plan for the Coming Year

Strengthen case management and home visitation services. Refine process of early identification and early intervention for high risk pregnant women. Increase health education and counseling in BMI, nutrition, and substance use in clinics.
Palau Title V MCH program will retain this performance for the next five years.

State Performance Measure 9: *Percent of parents/caretakers who report that their children with special healthcare needs receive quality health care*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Performance Objective		40	50	91	91.5
Annual Indicator	31	90.3	90.3	90.3	90.3
Numerator		65	65	65	65

Denominator		72	72	72	72
Data Source				SLAITS-like Survey	Estimates
Is the Data Provisional or Final?				Final	Provisional
	2010	**2011**	**2012**	**2013**	**2014**
Annual Performance Objective	92	92.5	93	93	

Notes - 2009
Data prepopulated from 2007. SLAIT-LIKE Survey to be conducted this year 2010.

Notes - 2007
//2008/ - For 2007, we are reporting similar data that was reported in 2006. Palau conducts its SLAITS-like survey every two years and data generated from this survey are used to populate data requirements for Title V Grant specifically on areas of children with special health care needs.

a. Last Year's Accomplishments
We monitor this care component for CSHCN every two years. Another survey was scheduled for the end of 2009, however, with the recent Administration change, the hiring of a parent advocate intended to conduct the survey was put on hold. FHU however continued to provide comprehensive services for CSN. In may 2009, staff underwent trainings conducted by Behavioral Health in areas of motivational interviewing and counseling for families.

Table 4b, State Performance Measures Summary Sheet

Activities	**Pyramid Level of Service**			
	DHC	**ES**	**PBS**	**IB**
1. CSN parent meetings				X
2. In house staff training				X
3. Monthly case conference				X
4. Case management and follow up intervention		X		
5. Coordination with Special education program				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities
CSN service continues and FHU continues to work on hiring a parent advocate to conduct survey scheduled for end of 2010. We continue to provide trainings for service providers in areas of care coordination and case management. Program held series of meetings with parents and caregivers of CSN early this year to discuss organization and priorities of Omekesang Association, the only nonprofit organization for people with disabilities in Palau. This organization will work as an advocate agency for people with disabilities and their families.

c. Plan for the Coming Year
Continue to strengthen CSN services. Improve quality assurance process in monitoring of system of care. Work with Omekesang and Palau Parent Empower in increasing parental involvement in the care of CSN. Provide ongoing and continuous staff development trainings in areas of care coordination.
The Republic of Palau MCH Program will retain this performance for the next five years.

E. Health Status Indicators

Introduction

In year 2009, there was an increase in Infant Mortality Rate. The IMR for 2009 was 22.0. This figure is three times higher than the IMR of 6.8 in year 2008. About 100% of all births are hospital births and are attended by skilled birth attendants (Ob/Gyn or Nurse Midwife). Almost 90% of all births have weight equal to or greater than 2500 grams with about 90% appropriate gestation age at birth with over 88% immunized at 35 months and 84% immunized prior to school entry. Injury accounts for 88% of deaths in the 23 years olds and under age group and alcohol is a contributing factor to injury related deaths. Overweight and obesity are risk factors in all age groups, however in children under the ages of 19 years, the risk of hypertension, is being detected in the school-based health screening and intervention initiative. Elevated blood sugar, elevated blood protein and Occult Blood are being detected in children in the primary school level. The established BMI for Palau's children ages between ages 6 and 19 are: mean = 20.39; (sd = 5), median = 19.38; mode = 16.61. Bullying is also a risk factor noted in children that influences psychosocial and behavioral problems in children. There is also a high contraceptive prevalence among adolescents however, protection against STI is low. This risk factor including psychosocial issues, are also noted in all women of reproductive age group.

Health Status Indicators 01A: *The percent of live births weighing less than 2,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	6.8	9.7	9.0	7.8	11.4
Numerator	19	25	25	23	31
Denominator	279	259	279	295	272
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2007

//2008/- In 2007, nine percent (n=25) of the 279 live births weighed less than 2,500 grams which is a slightly lower than 2006. The rest weighed equal to or more than 2,500 grams.

Narrative:

In 2009, there were 31 births weighting less than 2,500 grams. This account for 11.4% of total birth. This number is an increase from last year at 7.8%. At the present, program is reviewing and assessing each case to better understand the factors that may have contributed to these births.

Health Status Indicators 01B: *The percent of live singleton births weighing less than 2,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	5.4	9.7	7.5	7.8	10.4

Numerator	15	25	21	23	28
Denominator	279	259	279	295	268
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2007

//2008/- In 2007, there are twenty one singleton births weighing less than 2500 grams. This brings the proportion of those who weighed less than 2500 grams at 7.5%.

Narrative:

. In 2009, there were 28 (10.4%) singleton birth weighting less than 2,500 grams. This number also went up from previous year of 23 (7.8%). Program is currently studying this indicator and activities addressing this indicator are discussed in other section of the grant application.

Health Status Indicators 02A: *The percent of live births weighing less than 1,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	1.1	0.0	0.4	0.0	
Numerator	3	0	1	0	
Denominator	279	259	279	295	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	Yes
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2009

The weights of the two (2) very low birth weight babies are 964 grams and 1276 grams. The 964 grams baby accounted for one of the neonatal deaths.

Notes - 2007

//2008/- In 2007, one (1) newborn in 2007 weighed less than 1,500 grams. This baby was preterm and the mother was within the high risk age group. The baby died within the neonate period.

Narrative:

There were 2 births in 2009 weighting less than 1,500 grams. In 2008 there were no births weighting less than 1500 grams. The weights of the two babies were 964 grams and 1276 grams. Program is conducting ongoing reviews to better understand issues relating to low birth weights.

Health Status Indicators 02B: *The percent of live singleton births weighing less than 1,500 grams.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	1.1	0.0	0.4	0.0	
Numerator	3	0	1	0	
Denominator	279	259	279	295	
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	Yes
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2009
The weights of the two (2) very low birth weight babies are 964 grams and 1276 grams. The 964 grams baby accounted for one of the neonatal deaths

Notes - 2007
//2008/- In 2007, one (1) newborn in 2007 weighed less than 1,500 grams. This baby was preterm and the mother was within the high risk age group. The baby died within the neonate period.

Narrative:
There were two live singleton births (0.7%) weighting less than 1500 grams in year 2009. One bay weight 964 grams and the other weighted 1276 grams.

Health Status Indicators 03A: *The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	22.8	0.0	61.5	61.5	61.5
Numerator	1	0	3	3	3
Denominator	4385	4836	4875	4875	4875
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2009
Palau is unable to provide data for this indicator. Data is obtained through the Ministry of Health Information System. In year 2008 and 2009, program was unable to obtain data. Ministry of Health Information System is unable to provide the require data for this indicator. For 2009, we are using data from year 2007 to prepopulate this indicator.

Notes - 2008
/2009/- No data available. We forsee that this data will be available in December of 2009.//2010//

Notes - 2007
//2008/ - In 2007, there were three (3) deaths due to unintentional injuries among children aged 14 years and younger. This brings the rate of 61.5 per 100,000 populations in this age group. This figure reflect less than 1% death of children of this age group.

Data was taken from Death Certificates of 2007.

Narrative:
No data available on the death rate per 100,000 due to unintentional injuries among children age 14 years and younger. Refer to Health System Capacity Indicator narrative.

Health Status Indicators 03B: *The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	4385	4836	4875	4875	4875
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
There were no deaths due to motor vehicles crashes for children in this age group for 2009.

Notes - 2008
/2009/- No data available. We forsee that this data will be available in December of 2009.//2010//

Notes - 2007
//2008/ - In 2007, no deaths were registered due to unintentional injuries due to motor vehicle crashes among children aged 14 years and younger although the MVA related deaths are accounted to age group 15 and older (2 deaths). This has been consistent in the last five years.

Narrative:
No data available on this indicator. Please refer to Health System Capacity Indicator narrative.

Health Status Indicators 03C: *The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	0.0	36.4	72.2		
Numerator	0	1	2		
Denominator	2068	2750	2772		

Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.				Yes	Yes
Is the Data Provisional or Final?					Provisional

Notes - 2009
One (1) sixteen year old male died due to car accident in 2009.

Notes - 2008
/2009/- No data available. We forsee that this data will be available in December of 2009.//2010//

Notes - 2007
//2008/ - In 2007, there were two deaths registered due to unintentional injuries among children aged 15 through 24 years old due to motor vehicle crashes. The rate reflect less than 1% of death in this age group.

Narrative:
In 2009, there was one death due to motor vehicle accident. There was one 16 years old male who died as a result of MVA.

Health Status Indicators 04A: *The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	416.8	13,399.5	1,620.5		
Numerator	20	648	79		
Denominator	4798	4836	4875		
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?					

Notes - 2009
Data for this indicator were collected from the surgical ward which accounted for 28 cases and from the encounters database that accounted for 32 cases. These injuries were referenced to ICD 9 codes 800-999.

Notes - 2008
/2009/- No data available. We forsee that this data will be available in December 2009.//2010//

Notes - 2007
//2008/ - In 2007, there are 1,620 non-fatal injuries for every 100,000 among children aged 14 and younger. This represents 1.6% or 16 per 1,000 injuries in this age group. The small size of population makes the calculation and use of “rate/100,000” an unreasonable indicator for our

population. A percent and/or a rate per 1,000 makes more sense to us than a rate indicated in a 100,000. Based on the data that we have, injuries to this age group reflect approximately 17% of all injuries. The denominator is based on the population projection that FHU has established based on 2000 and 2005 census.

These are preliminary data and we still need to verify their accuracy. Due to issues we have with our hospital information system, we were not able to test for validity of this information and therefore after the review we will be in a better position to finalize the indicators.

Narrative:
In 2009 there were a total of 60 cases of nonfatal injuries among children aged 14 years and younger. This is a preliminary figure and we will need to verify for accuracy.

Health Status Indicators 04B: *The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	83.4	289.5	41.0		
Numerator	4	14	2		
Denominator	4798	4836	4875		
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	Yes
Is the Data Provisional or Final?				Final	Provisional

Notes - 2009
There was no data available for 2008 as for 2009 there no reported cases for this age group. Source of data is the Ministry of Justice

Notes - 2008
/2009/- No data available. We forsee that this data will be available in December 2009.//2010//

Notes - 2007
//2008/ - In 2007, among the non-fatal injuries, there were 41 of these for every 100,000 children aged 14 years and younger due to motor vehicle crashes.

These are preliminary data and we still need to verify their accuracy. Due to issues we have with our hospital information system, we were not able to test for validity of this information and therefore after the review we will be in a better position to finalize the indicators.

Narrative:
No data available on this indicator. Please refer to Health System Capacity Indicator narrative.

Health Status Indicators 04C: *The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	439.9	436.4	36.1	36.1	36.1
Numerator	12	12	1	1	1
Denominator	2728	2750	2772	2772	2772
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2009
Palau is unable to report on this indicator. No data available. The Ministry of Health Information System is unable to provide data for this indicator. 2007 data are being prepopulated for year 2009.

Notes - 2008
/2009/- No data available. We forsee that this data will be available in December 2009.//2010//

Notes - 2007
//2008/ - In 2007, among the 15-24 years old, the rate of non-fatal injuries due to motor vehicle crashes is 36 per 100,000 population (in this age group).

These are preliminary data and we still need to verify their accuracy. Due to issues we have with our hospital information system, we were not able to test for validity of this information and therefore after the review we will be in a better position to finalize the indicators.

Narrative:
No data available on this indicator, please refer to Health System Capacity Indicator narrative.

Health Status Indicators 05A: *The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	2005	2006	2007	2008	2009
Annual Indicator	11.6	12.0	22.4		44.1
Numerator	11	9	17		34
Denominator	950	753	759		771
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.				Yes	
Is the Data Provisional or Final?					Provisional

Notes - 2008
/2009/- In 2008, 10.5 per 1000 women aged 15-19 years old have had Chlamydia infection. Efforts are done in the schools and the community to make them aware of sexually transmitted infections including HIV. There is strong partnership between the schools, FHU/MCH and the

STI/HIV programs to deal with the problems related to sexually transmitted infections. Majority of clamydia cases are identified and treated in the prenatal,Gyn, and family planning clinics and referral are made for STI contact tracing and treatment.//2010//

Notes - 2007
//2008/ - In 2007, 22.4 per 1000 women aged 15-19 years old have had Chlamydia infection. Efforts are done in the schools and the community to make them aware of sexually transmitted infections including HIV. There is strong partnership between the schools, FHU/MCH and the STI/HIV programs to deal with the problems related to sexually transmitted infections. Majority of clamydia cases are identified and treated in the prenatal and family planning clinics and referral are made for STI contact tracing and treatment.

Narrative:
In 2009, there were a total of 34 cases of positives for Chlamydia for women age 15-19 years.

Health Status Indicators 05B: *The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.*

Health Status Indicators Forms for HSI 01 through 05 - Multi-Year Data

Annual Objective and Performance Data	**2005**	**2006**	**2007**	**2008**	**2009**
Annual Indicator	8.3	16.5	22.4		68.3
Numerator	30	60	82		254
Denominator	3603	3632	3661		3720
Check this box if you cannot report the numerator because 1.There are fewer than 5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.				Yes	
Is the Data Provisional or Final?					Provisional

Notes - 2008
/2009/-In 2008, about 14.6 for every 1000 women aged 20-44 years have had Chlamydia infection. Identification of cases in this age group also follows the pattern for the 15-19 age group. At the communities, information and communication campaigns are done to increase the level of awareness of women as to signs and symptoms and risk of STI. Services are also strengthened at the Belau National Hospital, Out Patient and the Dispensaries in the outlying communities.//2010//

Notes - 2007
//2008/- In 2007, about 22.4 for every 1000 women aged 20-44 years have had Chlamydia infection. Identification of cases in this age group also follows the pattern for the 15-19 age group. At the communities, information and communication campaigns are done to increase the level of awareness of women as to signs and symptoms and risk of STI. Services are also strengthened at the Belau National Hospital, Out Patient and the Dispensaries in the outlying communities.

Narrative:
There were 254 reported case of Chlamydia for women age 20 through 44.

Health Status Indicators 06A: *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

HSI #06A - Demographics (TOTAL POPULATION)

CATEGORY TOTAL POPULATION BY RACE	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Infants 0 to 1	282	3	0	0	31	248	0	0
Children 1 through 4	1126	11	0	0	124	991	0	0
Children 5 through 9	1571	16	0	0	173	1382	0	0
Children 10 through 14	1976	20	0	0	217	1739	0	0
Children 15 through 19	1509	15	0	0	166	1328	0	0
Children 20 through 24	1307	13	0	0	144	1150	0	0
Children 0 through 24	7771	78	0	0	855	6838	0	0

Notes - 2011

Narrative:
Data is based on projected population. Asians and Caucasians are the two most populated ethnic groups in Palau and program will have to address ethnic and racial differences.

Health Status Indicators 06B: *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and Hispanic ethnicity. (Demographics)*

HSI #06B - Demographics (TOTAL POPULATION)

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Infants 0 to 1	282	0	0
Children 1 through 4	1126	0	0
Children 5 through 9	1571	0	0
Children 10 through 14	1976	0	0
Children 15 through 19	1509	0	0
Children 20 through 24	1307	0	0
Children 0 through 24	7771	0	0

Notes - 2011

Narrative:
There has not been a presence of this ethnic group in Palau since we started monitoring this ethnic population.

Health Status Indicators 07A: *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

HSI #07A - Demographics (Total live births)

CATEGORY Total live births	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Women < 15	0	0	0	0	0	0	0	0
Women 15 through 17	7	0	0	0	0	7	0	0
Women 18 through 19	27	0	0	0	0	27	0	0
Women 20 through 34	174	1	0	0	28	145	0	0
Women 35 or older	65	1	0	0	5	59	0	0
Women of all ages	273	2	0	0	33	238	0	0

Notes - 2011

Narrative:
Reviewing the age distribution and profile of women who gave birth in 2009 provides a picture of teen age birth occurring to Palauan ethnic group. This is because the other major ethnic presence, Filipino, in Palau are usually transient population. This is a population that comes to the islands, remain for a few years then return back to the Philippines. They are also the population that if remain, will have children who enters the school system. For all ethnic groups, the age group 20 to 34 is where majority of births occur.

Health Status Indicators 07B: *Live births to women (of all ages) enumerated by maternal age and Hispanic ethnicity. (Demographics)*

HSI #07B - Demographics (Total live births)

CATEGORY Total live births	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Women < 15	0	0	0
Women 15 through 17	7	0	0
Women 18 through 19	27	0	0
Women 20 through 34	174	0	0
Women 35 or older	65	0	0
Women of all ages	273	0	0

Notes - 2011

Narrative:
As indicated in Health Statues Indicator 6b, there has not been a presence of Hispanic ethnic group in Palau since we started to monitor this indicator.

Health Status Indicators 08A: *Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)*

HSI #08A - Demographics (Total deaths)

CATEGORY Total deaths	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**
Infants 0 to 1	6	0	0	0	0	6	0	0
Children 1 through 4	1	0	0	0	0	1	0	0
Children 5 through 9	0	0	0	0	0	0	0	0
Children 10 through 14	1	0	0	0	0	1	0	0
Children 15 through 19	2	0	0	0	0	2	0	0
Children 20 through 24	2	0	0	0	1	1	0	0
Children 0 through 24	12	0	0	0	1	11	0	0

Notes - 2011

Narrative:
In 2009, there were a total of 12 deaths in this age group. Eleven deaths were of Palauan ethnic group and one death was of Asian ethnic group.

Health Status Indicators 08B: *Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and Hispanic ethnicity. (Demographics)*

HSI #08B - Demographics (Total deaths)

CATEGORY Total deaths	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**
Infants 0 to 1	6	0	0
Children 1 through 4	1	0	0
Children 5 through 9	0	0	0
Children 10 through 14	1	0	0
Children 15 through 19	2	0	0
Children 20 through 24	2	0	0
Children 0 through 24	12	0	0

Notes - 2011

Narrative:
There has been no Hispanic birth and death in Palau since we started monitoring this indicator.

Health Status Indicators 09A: *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

HSI #09A - Demographics (Miscellaneous Data)

CATEGORY Misc Data BY RACE	**Total All Races**	**White**	**Black or African American**	**American Indian or Native Alaskan**	**Asian**	**Native Hawaiian or Other Pacific Islander**	**More than one race reported**	**Other and Unknown**	**Specific Reporting Year**
All children 0 through 19	6463	65	0	0	711	5687	0	0	2009
Percent in household headed by single parent	45.1	0.0	0.0	0.0	15.0	15.0	0.0	0.0	2009
Percent in TANF (Grant) families	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2009
Number enrolled in Medicaid		0	0	0	0	0	0	0	2009
Number enrolled in SCHIP		0	0	0	0	0	0	0	2009
Number living in foster home care		0	0	0	0	0	0	0	2009
Number enrolled in food stamp program		0	0	0	0	0	0	0	2009
Number enrolled in WIC		0	0	0	0	0	0	0	2009
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2009
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	0.0	0.0	0.0	13.0	0.0	0.0	2009

Notes - 2011
Palau does not have TANF.

Palau does not have medicaid program.

Palau does not have SCHIP.

Palau does not have food stamp program.

palau does not have WIC.

There are no data available for juvenile crimes arrest for 2009.

The Ministry of Education has not released data on school drop-out for 2009 and unless they do, we are not privy to this information.

Palau does not have foster homes.

Narrative:
Palau cannot report on this indicator as all the entitlement programs available in the US are not available in Palau.

Health Status Indicators 09B: *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by Hispanic ethnicity. (Demographics)*

HSI #09B - Demographics (Miscellaneous Data)

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	**Total NOT Hispanic or Latino**	**Total Hispanic or Latino**	**Ethnicity Not Reported**	**Specific Reporting Year**
All children 0 through 19	6463	0	0	2009
Percent in household headed by single parent	15.0	0.0	0.0	2009
Percent in TANF (Grant) families	0.0	0.0	0.0	2009
Number enrolled in Medicaid	0	0	0	2009
Number enrolled in SCHIP	0	0	0	2009
Number living in foster home care	0	0	0	2009
Number enrolled in food stamp program	0	0	0	2009
Number enrolled in WIC	0	0	0	2009
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	2009
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	0.0	2009

Notes - 2011
Palau does not have TANF.

Palau does not have medicaid.

Palau does not have SCHIP.

Palau does not have food stamp program.

Palau does not have WIC.

Data is not available for year 2009.

Data not available.

Palau does not have foster homes.

Narrative:
As stated in other areas of this document, there has been no Hispanic birth and death in Palau since we started monitoring this indicator.

Health Status Indicators 10: *Geographic living area for all children aged 0 through 19 years.*

HSI #10 - Demographics (Geographic Living Area)

Geographic Living Area	Total
Living in metropolitan areas	0
Living in urban areas	4847
Living in rural areas	1616
Living in frontier areas	0
Total - all children 0 through 19	6463

Notes - 2011
Palau does not have areas that meets the definition of a "Metropolitan Area"

Narrative:
Seventy five percent of children ages 0-19 years reside in central Koror and 25% reside in the rural part of Palau.

Health Status Indicators 11: *Percent of the State population at various levels of the federal poverty level.*

HSI #11 - Demographics (Poverty Levels)

Poverty Levels	Total
Total Population	20552.0
Percent Below: 50% of poverty	30.7
100% of poverty	54.1
200% of poverty	90.4

Notes - 2011

Narrative:
Projection of poverty level is based on a projection by the office of Planning and Statistics. This projection indicates that over 90% of the population is below 200% of poverty income. This income guideline is based on the US poverty income guidelines as Palau has not formally established its own guidelines. However in some publications it tends to indicate that general income is much lower than that of the US.

Health Status Indicators 12: *Percent of the State population aged 0 through 19 years at various levels of the federal poverty level.*

HSI #12 - Demographics (Poverty Levels)

Poverty Levels	Total

Children 0 through 19 years old	6463.0
Percent Below: 50% of poverty	30.7
100% of poverty	54.1
200% of poverty	90.4

Notes - 2011

Narrative:
Over 90% of children 0-19 years of age are at 200% poverty level and 54.1% at the 100% poverty level and over 30% below 50% poverty. Palau has not yet established poverty guidelines.

F. Other Program Activities

FHU also works with a number of other programs within the Ministry of Health to assure access to quality maternal and child health services and to promote health of mothers, infants, and children. One such program of which FHU is working with is the HIV/AIDS program. Jointly, FHU and HIV/AIDS are collaborating to increase the number of pregnant women who are screened and counseled for HIV testing. Currently, through our joint efforts we attain over 95% HIV screening of all pregnant women that visit our clinic. FHU also works with the Division of Primary Health Care to assure that FHU services in superdispensaries are delivered professionally and in a quality manner through ensuring proper training of dispensary nurses. We also have assigned a WHNP to each superdispensary to work with dispensary nurses to assure quality of care for all our services. The CSHCN/High Risk Clinic has increased to twice a week and we are now deliberating on increasing the CSHCN/High Risk Assessment Team Review to twice a month to assure compliance to our guidelines which call for at least 2 assessments each year for each child in the database. We have also met with two communities in our Northern Island to introduce staff and services to their areas and to inquire about community concerns to our services and ways that we can improve on them.
FHU also works to maintain the MOU for CSHCN to assure that collaboration and databases continue. We firmly believe that unless we continue to provide and promote family-centered, community-based, coordinated care for CSHCN, our MOU will fall through the crack. Because of this MOU, we are able work with other agencies and NGO's to promote disability issues and, lobby for passage of legislations that will improve the conditions of disability, especially children with disabilities in Palau. We have worked in the past to change legislations, influence agency policies and services and initiate infrastructure changes that eventually benefits all people.
Most of our collaborative activities have been developed to look at the larger "Health" issues of the Various MCH population and although these are not generally measured under any of the measurements, they are ways we use to establish working relationships with agencies that can influence policies and working regulations so that there can be change to directly influence the results of performance measures and health indicators. At the policy level and regulatory level, reports that published and circulated to educate stakeholders in this arena so that they can become knowledgeable and an active partner in the health and well being of the nation.
FHU is also in collaboration with the Bureau of Community Services, working together towards implementing a National Disability Policy for the Republic of Palau. As such, a National Disability Policy has been drafted through this collaboration where various agency representatives of government and stakeholders met with technical experts from different leading Disability-based organizations (UNESCAP, Pacific Disability Forum, and Pacific Islands Forum Secretariat) for a two-day Policy development workshop and, is currently awaiting finalization or the next step of implementation. We are also currently working with two different disability stakeholder groups and assisting them to form their own self-help organizations and register them as NGO's. FHU/Title

V MCH Program continues to work with the Ministry of Community and Cultural Affairs to improve their capacity so they can stand-up to their mandate requiring them to organize and provide social/community services.

G. Technical Assistance

For 2011 to 2015, Palau will request TA for the following areas:

- Parenting Skills -- Training for staff and partners on communication skills with adolescents and young adults. Reports from YRBS and School Health Screening tend to indicate that Palau's health issues are no longer isolated from the rest of the world. Therefore, solutions would need to be global. For this reason, it is presumed that model intervention programs can apply to the adolescent culture of Palau. (2011 -- 2015)
- Male health and male involvement in health status improvement -- Culturally, male are divorced from health issues/concerns although they probably contribute greatly to it. We would also require intensive training and capacity building in the next five years to involve men in improving the health status of families in Palau (2011 to 2015)

- Grants Administrative & Financial Management Training -- We will need this training at least two times in the next project period (2011 and 2013). With staff transition and migration, we are currently having new staff who will need to be well versed in managing U.S. Federal grants. This training can be attended by more than just FHU staff.

- Program evaluation -- We will request this at the beginning of the new project period around end of October -- November 2010.

V. Budget Narrative

Budget and expenditure data from Forms 3, 4, and 5 are provided for the application year, interim year, and reporting year to assist the reviewer in analysis of the budget and expenditure narrative. For complete financial data, refer to all the financial data reported on Forms 2-5, especially when reviewing the federal allocation on Form 2 for the 30%/30%/10% breakdown for the budgets planned for primary and preventive care for children, children with special health care needs, and administrative costs.

Form 3, State MCH Funding Profile

	FY 2009		FY 2010		FY 2011	
	Budgeted	**Expended**	**Budgeted**	**Expended**	**Budgeted**	**Expended**
1. Federal Allocation *(Line1, Form 2)*	151665	151665	152000		150000	
2. Unobligated Balance *(Line2, Form 2)*	0	0	0		0	
3. State Funds *(Line3, Form 2)*	113749	113749	0		0	
4. Local MCH Funds *(Line4, Form 2)*	0	0	114000		114000	
5. Other Funds *(Line5, Form 2)*	0	0	0		0	
6. Program Income *(Line6, Form 2)*	0	0	0		0	
7. Subtotal	265414	265414	266000		264000	
8. Other Federal Funds *(Line10, Form 2)*	360000	360000	234644		448565	
9. Total *(Line11, Form 2)*	625414	625414	500644		712565	

Form 4, Budget Details By Types of Individuals Served (I) and Sources of Other Federal Funds

	FY 2009		FY 2010		FY 2011	
I. Federal-State MCH Block Grant Partnership	**Budgeted**	**Expended**	**Budgeted**	**Expended**	**Budgeted**	**Expended**
a. Pregnant Women	50000	50000	58520		57000	
b. Infants < 1 year old	50000	50000	45220		44400	
c. Children 1 to 22 years old	70833	70833	98800		98800	
d. Children with	70832	70832	45600		45600	

Special Healthcare Needs						
e. Others	13749	13749	10260		10600	
f. Administration	10000	10000	7600		7600	
g. SUBTOTAL	265414	265414	266000		264000	
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	0		0		0	
b. SSDI	95000		94644		0	
c. CISS	140000		140000		132000	
d. Abstinence Education	0		0		0	
e. Healthy Start	0		0		0	
f. EMSC	0		0		0	
g. WIC	0		0		0	
h. AIDS	0		0		0	
i. CDC	0		0		0	
j. Education	0		0		0	
k. Other						
Family Planning	0		0		166565	
UNHSI	125000		0		150000	

Form 5, State Title V Program Budget and Expenditures by Types of Services (II)

	FY 2009		FY 2010		FY 2011	
	Budgeted	**Expended**	**Budgeted**	**Expended**	**Budgeted**	**Expended**
I. Direct Health Care Services	53000	53000	54874		48000	
II. Enabling Services	52000	52000	68594		68000	
III. Population-Based Services	70000	70000	68594		68000	
IV. Infrastructure Building Services	90414	90414	73938		80000	
V. Federal-State Title V Block Grant Partnership Total	265414	265414	266000		264000	

A. Expenditures

EXPENDITURES

There is no major variations in expenditure. Leading expenditures continue to relate to personnel services as well as minor changes in expenditure for staff to attend off-island meetings/confereces as well as general supplies. These minor variations in the budget and expenditures are highly dependend on the prices for services or commodities. At the same time, further allocation of budget and movement of expenditures to appropriate local subaccounts can also result in these minor variations between approved line items of the budget. In terms of unobligated funds, program realized minimal unobligated balances at the end of the year for both federal and local contributions.

Capacity building funding streams for FHU/MCH Title V Program include ECCS, SSDI, UNHSI

(HRSA Funding Streams. EHDI (CDC) and Family Planning Program (OPA) provides added resources that targets certain health status indicator or risk factors for children and adults within the reproductive age groups. Family Planning monies are used to provide reproductive health services including provision of contraceptives, condoms, pregnancy test, STI screenings & treatment while EHDI and UNHSI provide resources to continue to improve our newborn hearing screening, data gathering and analysis. SSDI and ECCS provide us resources to address systems and infrastructure development relating to strenghtening of services, reporting to our nation, grantor agency and also enabling FHU to be more proactive in directing services where the most need is indicated.

B. Budget

V. BUDGET NARRATIVE

Budget Narrative & Justification

I. Personnel…….$94,450

Funds are used to pay for key program staff. These staff includes administrative personnel, staff who
support program data systems, public health nurses, counselors, and program staff who are charged with enabling/population based services such as well-baby, prenatal, post natal services, children and adolescents, and CSN. Included is a cost of .5 FTE Pediatrician who supports interagency collaborative clinic activities for Children with Special Needs and .5FTE Project Manager who will have oversight of program.

II. Fringe Benefits…….$11,334

Fringe Benefits cost is a standard rate at 12% of the Personnel cost. It is broken down to 6 and 6% for both Pension Plan and Social Security.

III. Travel…….$18,000

Travel monies are needed to enable key staff to attend required meetings/conferences. These budgeted meetings/conferences are AMCHP, MCH Partnership Meeting and the Annual Grant Review Meeting in Hawaii including the Annual MCH Coordinators Meeting in Hawaii. Additional funds will also be used to fund CSN parent representatives to the Pacific Interagency Leadership Conference and or the PACRIM conference. This parent will be a co-presenter with SSDI Project Coordinator on the result of the Palau SLAITS-Like Survey. We will also use monies under this category to support other MCH related traveling on trainings focusing on preventive health for the MCH population. Funding under this category will also support off island trainings on data and infrastructure capacity building. Monies will also support inter-island travel to support the development of our service decentralization process. We envisage this process to continue for the next several years, until we are confident that services can be sustained by skilled personnel in these remote service sites.

IV. Equipment…….$3,000

We are requesting monies for equipment to support data systems upgrade to meet the growing program data needs. We will also use some of the monies to provide minor equipment that will enable us to provide quality prenatal and well-baby services in the remote service sites.

V. Supplies…….$2,000

Funds are requested under supplies to support routine supplies that support our data system

capacity development and improvement.

VI. Contractual……$5,000

Under this category, we request monies to be used for a consultant to assist us in assessing data for MCH as well as funding to support data and system capacity building. Funding under this category will also support implementation of School Health Screening and Head Start Screening. These screenings will provide the program with key behavioral patterns and health risk factors of children that the program must address. This is another initiative of the program to partner with other agencies and share cost in initiatives that can enable the program to become more evidence based.

VII. Others……$8,339

Communications & Fuel - $1,900

Funds under this category will be used to support communication costs such as telephones, faxes, e-mail and internet access. We also budget under this category for fuel used in community out reach services including home visitations for children with special health care needs.

Trainings/Meetings - $6,439

We will conduct annual meetings of Family Health Unit staff including non-health stakeholders of comprehensive family health services improvement. These meetings allow us to acquire public comments into our services so that we meet the grant requirements for "Public Comments/Review". We also use these meetings for public/self evaluation of our services and from the outcome of the meetings, we alter/change our services to meet the public's needs/wants. Funding under this category will also be used to support MCH related trainings focusing on areas of prevention and capacity building.

VIII. Total Direct Charges……$142,123

IX. Indirect Charges……$7,877

The negotiated indirect cost agreement for the Republic of Palau is 8.34% of base salary.

X. Total Amount Request……..$150,000

VI. Reporting Forms-General Information
Please refer to Forms 2-21, completed by the state as part of its online application.

VII. Performance and Outcome Measure Detail Sheets
For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

For the detail sheets and objectives for the state performance measures developed from the 2010 needs assessment, refer to TVIS Forms, Form 11 and Form 16 under the section “New State Performance Measure Detail Sheets and Data.

VIII. Glossary
A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. Technical Note
Please refer to Section IX of the Guidance.

X. Appendices and State Supporting documents
A. Needs Assessment
Please refer to Section II attachments, if provided.

B. All Reporting Forms
Please refer to Forms 2-21 completed as part of the online application.

C. Organizational Charts and All Other State Supporting Documents
Please refer to Section III, C "Organizational Structure".

D. Annual Report Data
This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.